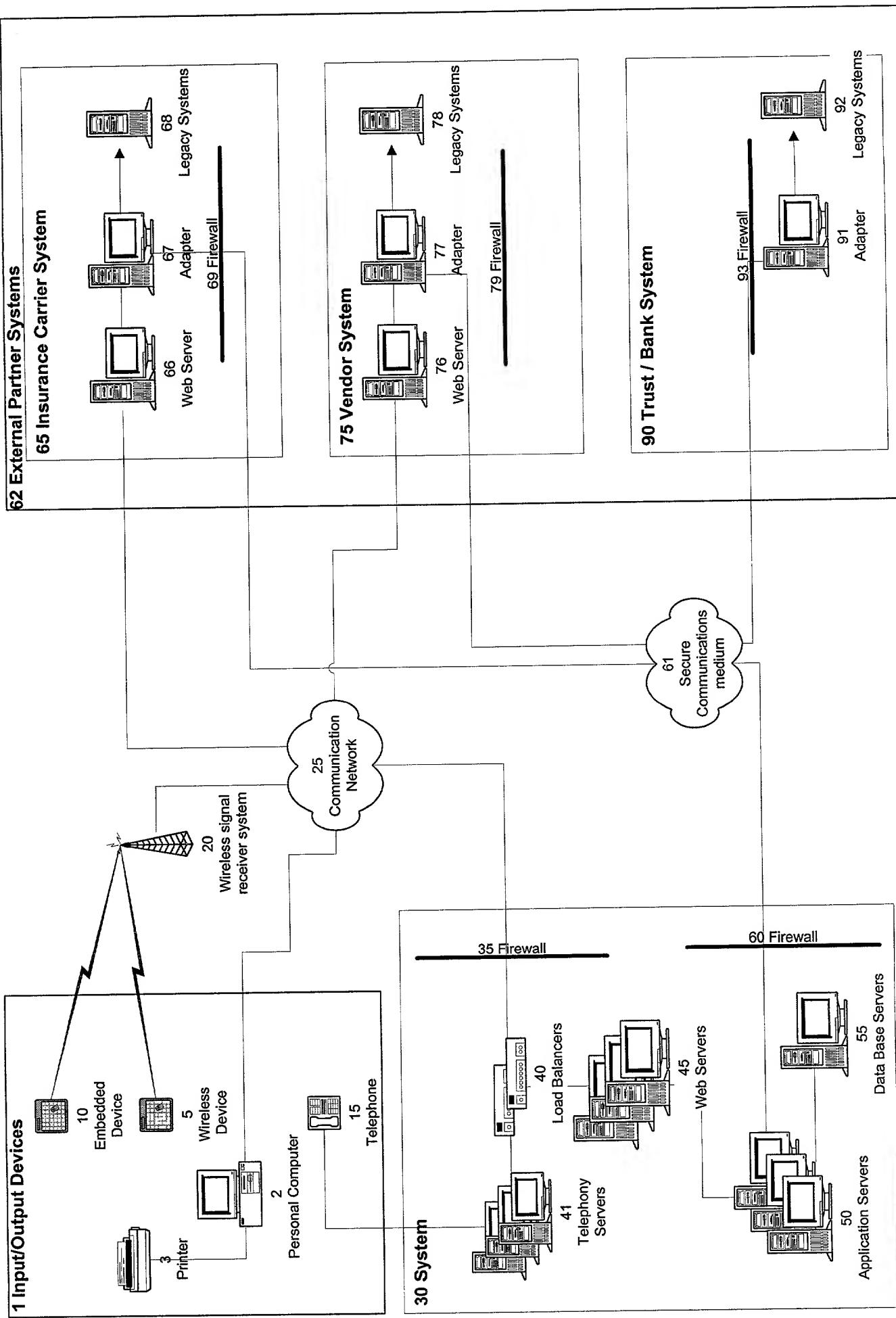


System and Method of Administering, Tracking and  
Managing of Claims Processing:  
Inventors: AQUILA ET AL.; Docket No. 22606-05796



**FIG. 1**

System and Method of Administering, Tracking and Managing of Claims Processing;  
Inventors: AQUILA ET AL.; Docket No.: 22606-05796

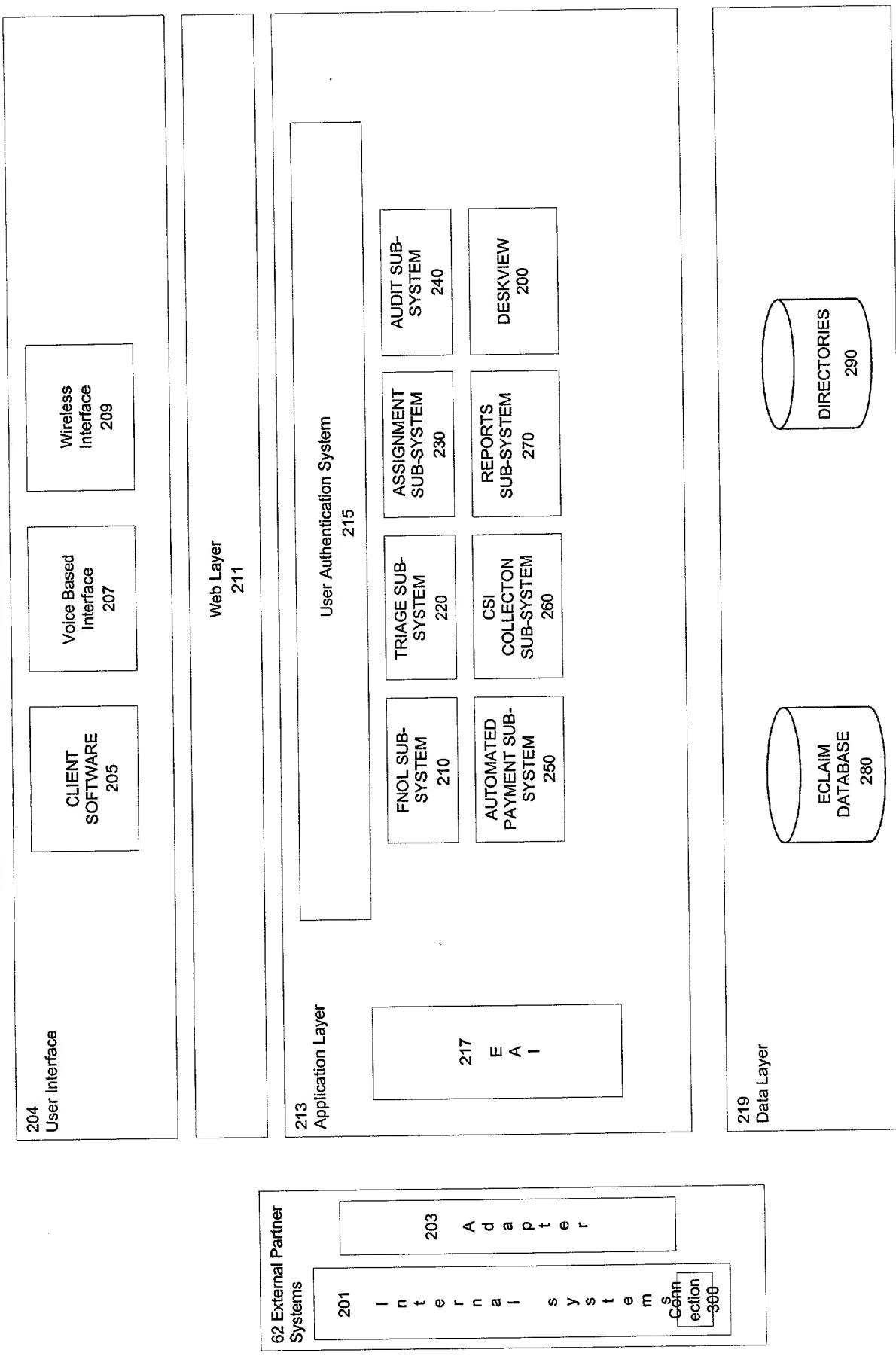
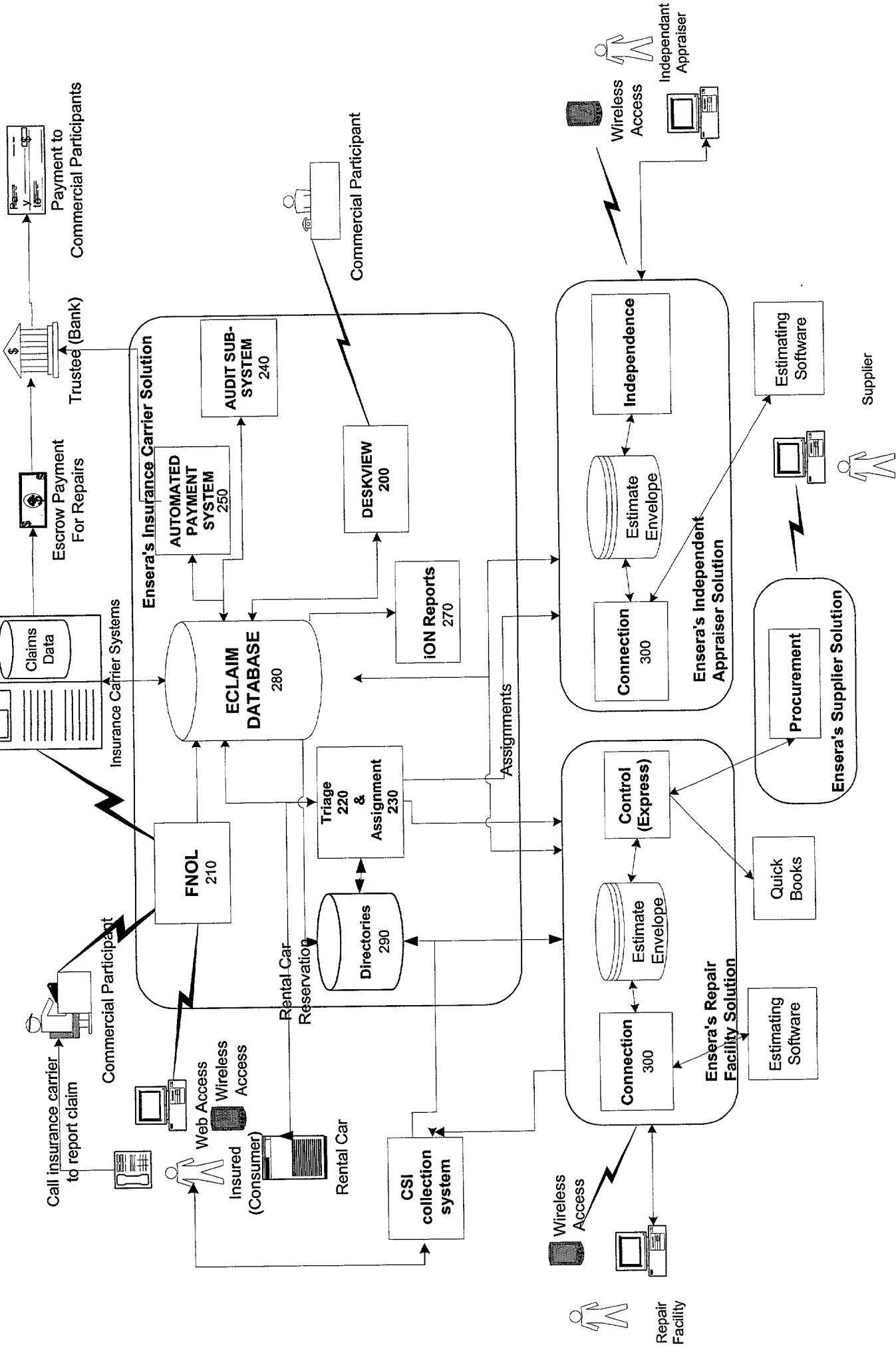


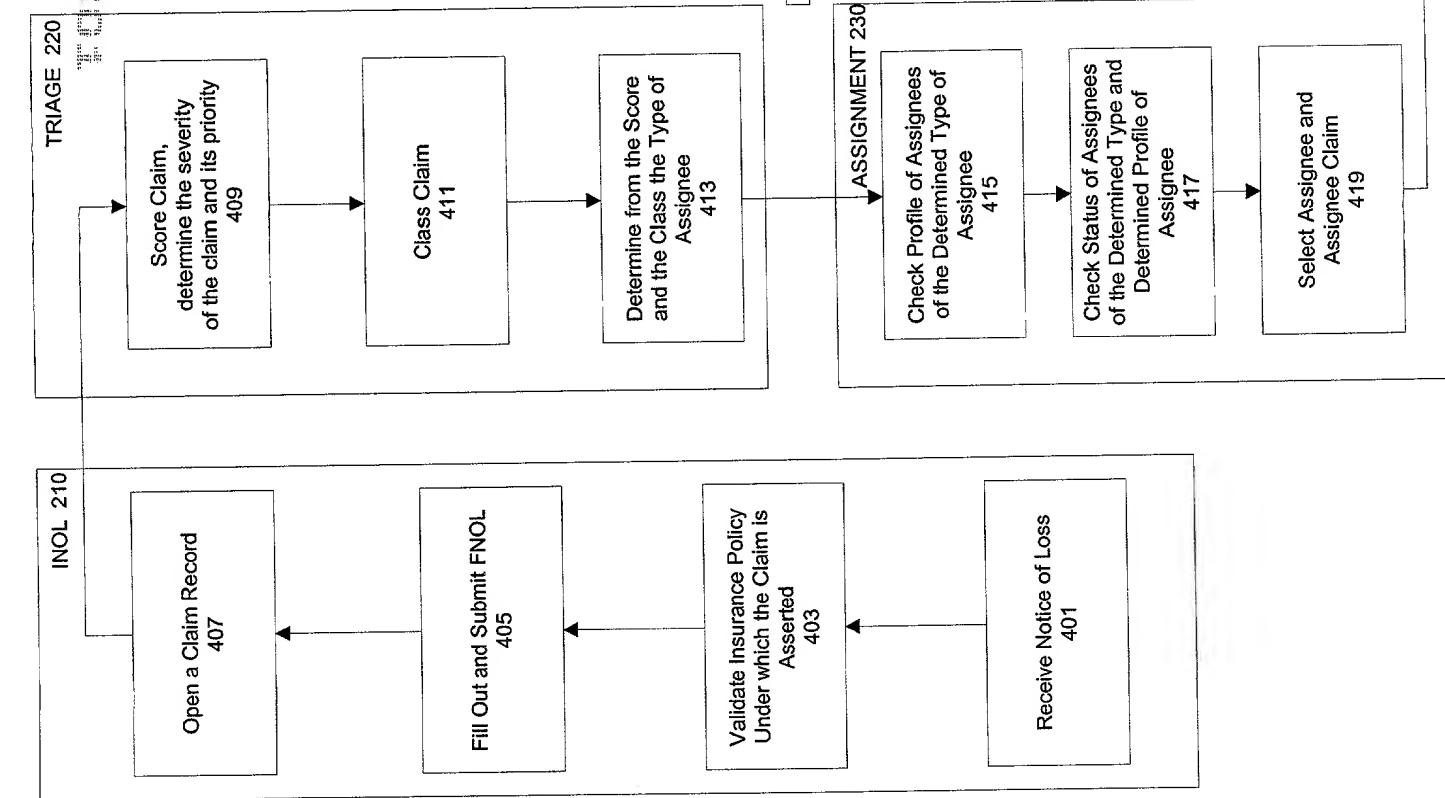
FIG. 2

System and Method of Administering, Tracking and Managing of Claims Processing;

Inventors: AQUILA ET AL.; Docket No.: 22606-05796



**FIG. 3**



**FIG. 4**

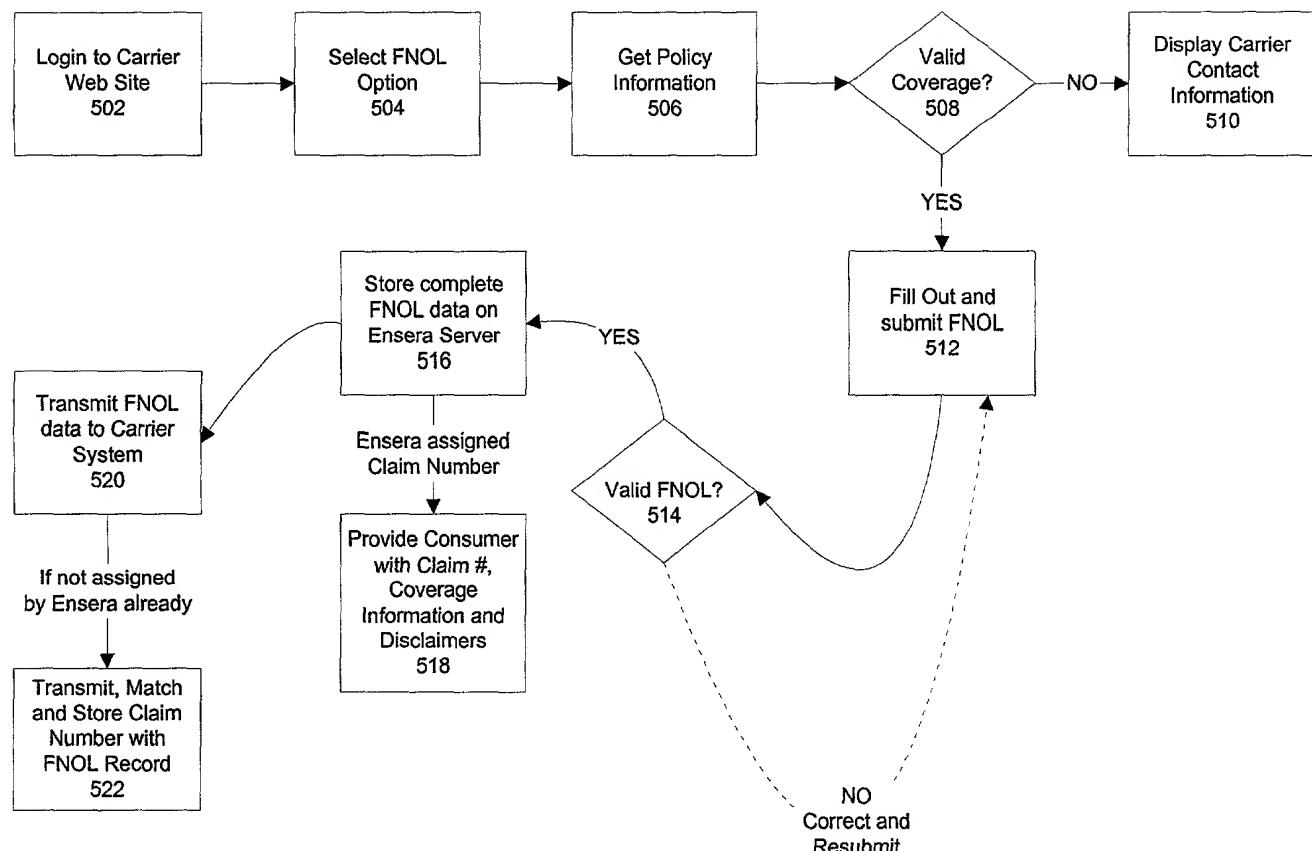


FIG. 5A.

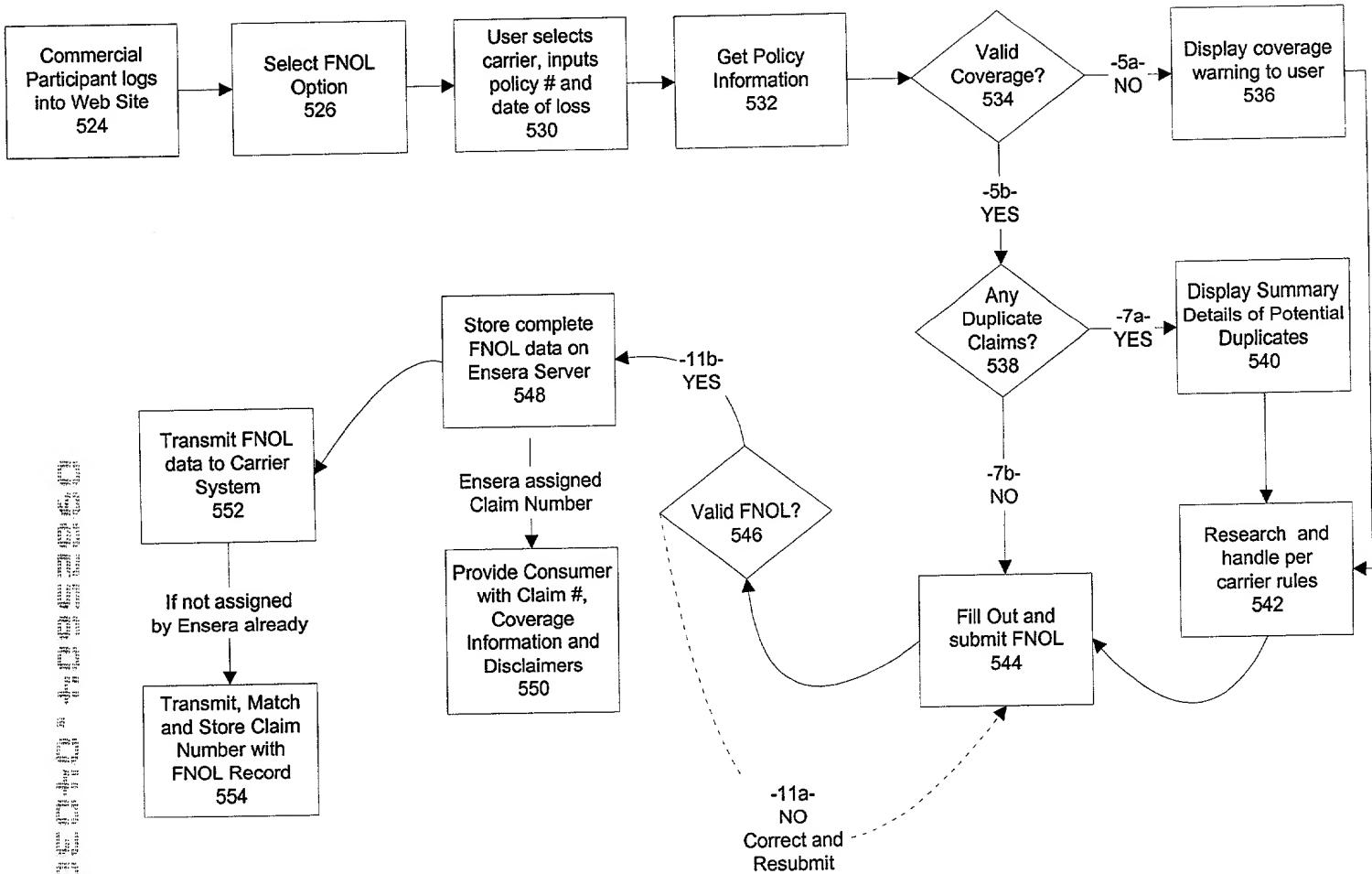


FIG. 5B.

System and Method of Administering, Tracking and  
Managing of Claims Processing;  
Inventors: AQUILA ET AL.; Docket No.: 22606-05796

**Fields**  
**<Loss>**

```

<LocationofAccident>
<DamageToVehicle>
<LossDescription>
<NamedInsuredVehicleOperator>
    <LastName>
    <FirstName>
    <MiddleName>
<ReportNumber>
<PoliceReportNumber>
<DateOfLoss>
<TimeOfLoss>
<WereThereWitnesses>
<HaveAttorney>
<WereThereInjuries>
<HowManyVehiclesInvolved>
<WeatherConditions>

```

**<VehicleInformation>**

```

<ModelYear>
<Manufacturer>
<Model>
<Color>
<VehicleIdentificationNumber>
<LossPayee> vehicle

```

**<Repair Facility>**

```

<SelectaRepairFacility>
<RepairFacilityInformation>
    <Name>
    <Addr>
    <City>
    <StateProv>
    <PostalCode>
<CommunicationNumber>
<RepairFacilityPhone>

```

**<Insured>**

```

<PersonInformation>
    <LastName>
    <FirstName>
    <MiddleName>
    <SocialSecurityNumber> Password
<AddressInformation>
    <Addr1>
    <Addr2>
        <City>
        <StateProv>
        <PostalCode>
        <Country>
        <Email>
(phone # will be accepted if customer has no e-mail)
    <CommunicationNumber>
    <ContactPhone>

```

**<Damage to Property of Others>**

```

<WasItAVehicle>
<DamageTo>
<NumberOfPassengers>
<DamageDescription>
<OtherCarrierInformation>
<VehicleInformation>
    <ModelYear>
    <Manufacturer>
    <Model>
    <Color>
    <VIN>
    <LicensePlateNumber>
<Description of Damage>

```

(Description available for multiple vehicles)

**<Injuries>**

(Fields below will be available for each injured person)

```

<Injured>
    <RelationToInsured>
    <Description &ExtentOfInjury>
    <MedicalProvider>
    <AmbulanceNeeded>
    <PersonInformation>
        <LastName>
        <FirstName>
        <MiddleName>
    <AddressInformation>
        <Addr1>
        <Addr2>
        <City>
        <StateProv>
        <PostalCode>
        <Country>
    <CommunicationNumber>
    <ContactPhone>

```

(Description available for multiple injuries)

**<Witnesses>**

```

<Witness>
    <PersonInformation>
        <LastName>
        <FirstName>
        <MiddleName>
    <AddressInformation>
        <Addr1>
        <Addr2>
        <City>
        <StateProv>
        <PostalCode>
        <Country>
    <CommunicationNumber>
    <ContactPhone>

```

(Description available for multiple witnesses)

**<Your Passenger Information>**

```

<Passenger>
    <PersonInformation>
        <LastName>
        <FirstName>
        <MiddleName>
    <AddressInformation>
        <Addr1>
        <Addr2>
        <City>
        <StateProv>
        <PostalCode>
        <Country>
    <CommunicationNumber>
    <ContactPhone>

```

**<Attorney>**

```

<AttorneyInformation>
    <WhoDoesTheAttorneyRepresent>
    <Firm Name>
    <LastName>
    <FirstName>
    <MiddleName>
    <AddressInformation>
        <Addr1>
        <Addr2>
        <City>
        <StateProv>

```

```

        <PostalCode>
        <Country>
    <CommunicationNumber>
    <ContactPhone>

```

**FIG. 6**

System and Method of Administering, Tracking and  
Managing of Claims Processing;  
Inventors: AQUILA ET AL.; Docket No.: 22606-05796

The screenshot shows a web browser window for American Family Insurance. At the top, there's a navigation bar with icons for back, forward, search, and other functions. The main header reads "AMERICAN FAMILY INSURANCE". Below the header, there's a testimonial photo of a family and the quote: "When we had a claim, the turnaround was incredible. They were really responsive. We'd highly recommend American Family Insurance." - The East Family, Indiana.

The left sidebar has links for Agents, Careers, Claims (selected), Feedback, Financial Services, Insurance Options, Meet American Family, and Quotes. Under the Claims link, there are sub-links: Report a Claim, Select a Repair Shop, Search for Car Rental, Catastrophe Information.

The central content area is titled "American Family Insurance Claim Report". It contains the message: "Other vehicle information has been completed". Below this, it asks: "Were there other persons involved? ex. witnesses, pedestrians, bicycle riders" with radio buttons for "Yes" and "No". To the right of these buttons is a link "Let's Continue >>".

At the bottom of the page, there's a footer with the "ensera" logo and "Powered by ensera", along with links for "Terms & Conditions" and "Legal Notice". On the far right, there's a vertical copyright notice: "©2000 American Family Insurance. All rights reserved. Legal Notice".

FIG. 7A

Claims      (Step 4 of 4) Other Person Information

Please enter as much information as you have available

Role played in accident/incident     

Check here if the name is unknown     

First name     

Middle Initial     

Last name     

Address 1     

Address 2     

City     

State     

ZIP Code     

Email address     

Contact  Home telephone       -  -  ext

Contact  Work telephone       -  -  ext

Please enter any damaged property belonging to this person     

If this person was injured, please complete the following information.

Description of injury     

Was an ambulance needed?       Yes  No

Medical provider/s  
i.e., hospital, clinic     

Were there other persons involved?  
ex. witnesses, pedestrians, bicycle riders       Yes  No

FIG. 7B

Please indicate the damage this vehicle has sustained.

Light: Scratched and/or slightly dented

Medium: Significantly dented, could include slight structural damage

Heavy: Significant structural damage

Front	None
Left front	None
Top	None
Left side	None
Left rear	None
Rear	None
Right front	None
Right side	None
Underside	None
Right rear	None
All over	<input type="checkbox"/>
Engine	<input type="checkbox"/>
Interior	<input type="checkbox"/>
Airbag	<input type="checkbox"/>
Fire	<input type="checkbox"/>
Wheel	<input type="checkbox"/>
Other	<input type="checkbox"/>

FIG. 8

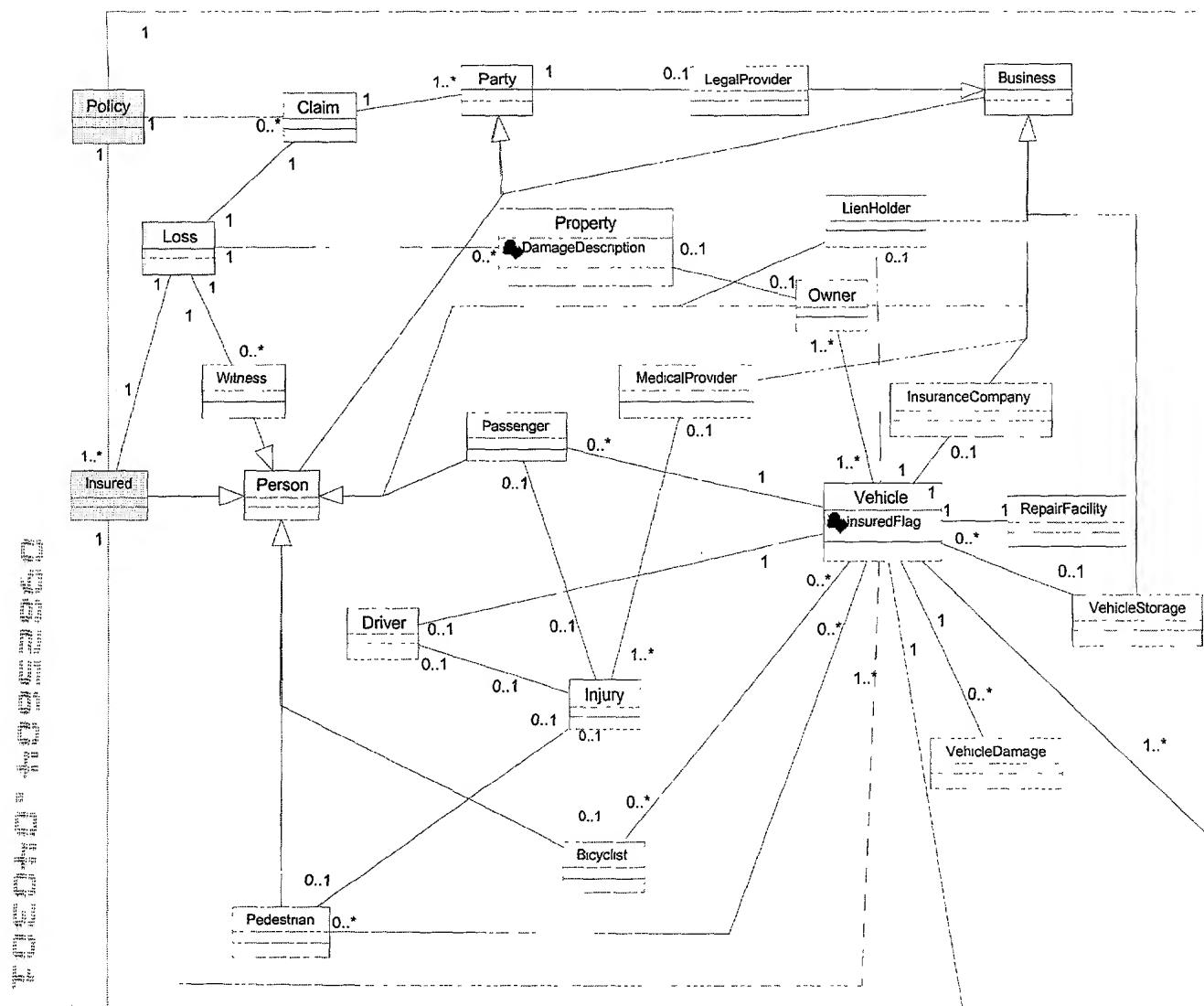


FIG. 9A

<b>Claim</b>	<b>Loss</b>	<b>Policy</b>	<b>Coverage</b>	<b>Party</b>
Claim Number	Date of Loss	Policy Type	Coverage type	Party type
	Time of Loss	Policy Name	Coverage amount	
	Weather Condition	Coverage begin date	Coverage deductible	
	Loss Type	Coverage end date		
	Loss Location	Policy period #		
	Loss Description			
	# Vehicles Involved			
	Anyone Injured?			
	Any law enforcement?			
	Law enforcement name			
	Report #			
	Any witnesses?			
	Any pedestrians?			

<b>Individual</b>	<b>Business</b>	<b>Vehicle</b>	<b>Property</b>
First Name	Business Name	Year	Owner Name
Middle Name	Tax ID Number	Make	Property Description
Last Name	Contact Name	Model	Address
Date of Birth	Contact Info	VIN	Phone
Social Security #	Reference Type	Color	email
Gender	Reference Number	Mileage	
Marital Status	Address	Lienholder	
DL State	Phone	Any/Other Insurance	
DL #	email	License plate State	
Address		License plate number	
Phone		Driver	
email		Passenger	
Injured?		Owner	
Deceased?			

<b>Address</b>	<b>Phone</b>	<b>email</b>	<b>Injury</b>	<b>Vehicle Damage</b>	<b>Property Damage</b>
Type	Type	email address	Type of Medical	Driveable?	Livable?
Street 1	Number		Amount of Medical	Damage location	Description
Street 2			Injury description	Damage severity	Contractor chosen?
City			Medications	RF Chosen?	Contractor Information
State			Body Part	RF Information	Estimate provided?
Zip			Type of Injury	Estimate provided?	Estimate amount
County				Estimate amount	
Country					

**FIG. 9B**

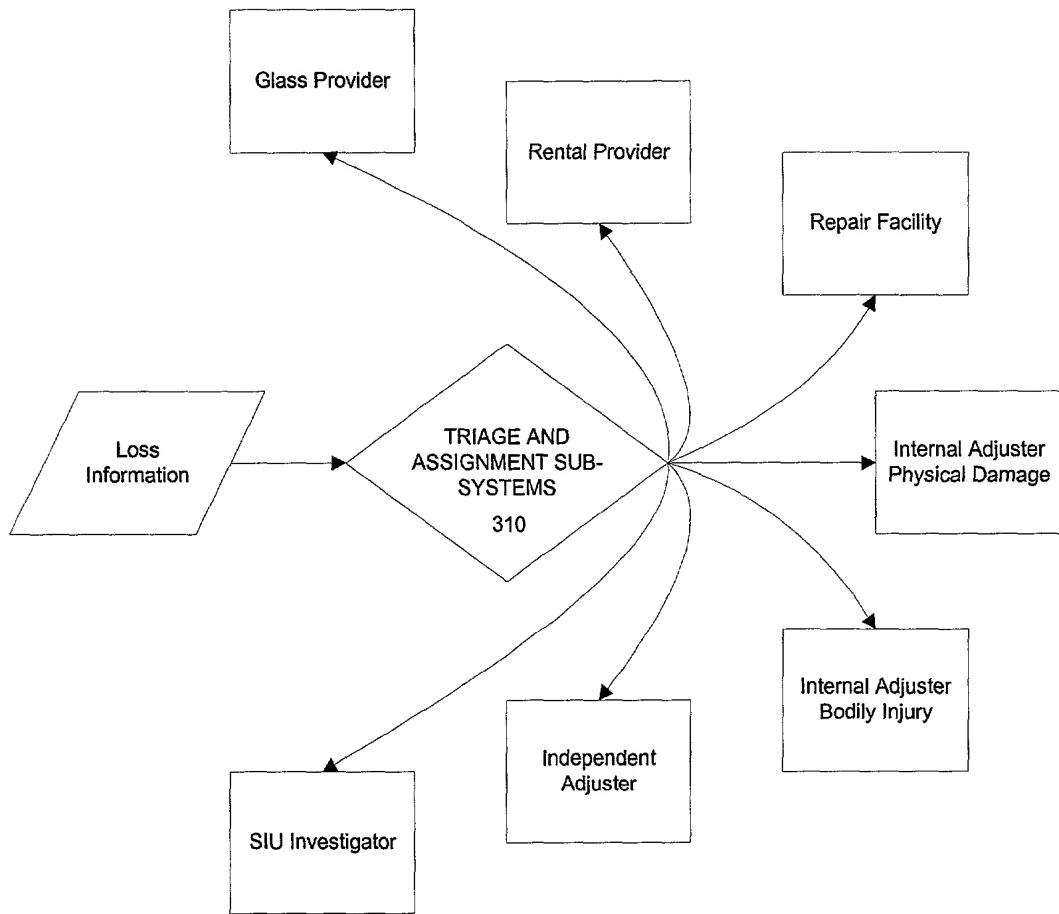


FIG. 10

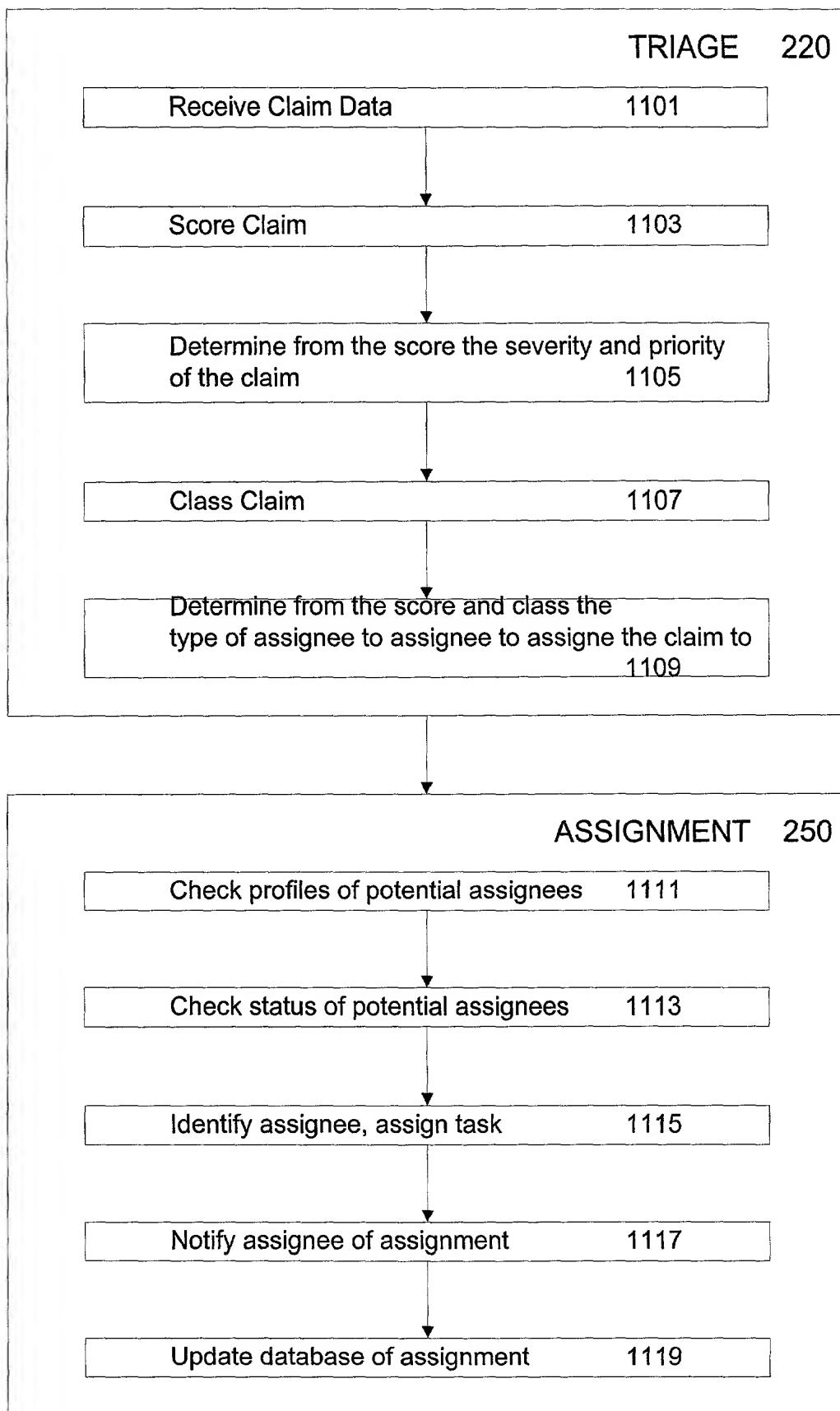


FIG. 11

The screenshot shows a Microsoft Internet Explorer window with the title bar "ensera\_resources - Microsoft Internet Explorer". The address bar contains the URL "C:\Documents and Settings\mmage1\Desktop\FFIC 1-19-01\FFIC demo 3\claim\_search.htm". Below the address bar is a menu bar with "File", "Edit", "View", "Favorites", "Tools", and "Help". There are also "Send", "Back", "Forward", "Stop", "Refresh", "Home", "Search", and "Links" buttons.

The main content area has tabs for "Deskview", "Directories", "System Administration", "Help", and "Close". Under "System Administration", there is a form with fields for "Claim number", "Date of Loss" (set to Jan 2000), "Insured Name", "Adjuster ID" (set to 1234), "Claimant Name", "Status" (set to Open only), and "Policy Number". To the right of the form is a "search" button.

Below the form is a table with columns: Date of Loss, Insured, Claimant, Claim #, Policy #, and Date of Last Activity. The table contains six rows of data:

Date of Loss	Insured	Claimant	Claim #	Policy #	Date of Last Activity
10/1/00	Bob Dylan	Tom Rush Carole King	213-13-359478	6457631	10/2/00
10/1/00	Swanson Perkins	Swanson Perkins Steve Johnson	356-35-633245	3563245	10/2/00
10/2/00	Patrick Sorensen	Patrick Sorensen Parkash Ravindikentum	343-43-368787	6584345	10/4/00
10/5/00	Carlos Vidal	Carlos Vidal	232-12-409865	8712346	10/7/00
10/6/00	Tracy Metzler	Tracy Metzler	232-24-367867	098770	10/14/00

At the bottom left is a "Done" button, and at the bottom right is a "My Computer" icon.

FIG. 12A

The screenshot shows a Microsoft Internet Explorer window with the title bar "Untitled Document - Microsoft Internet Explorer". The address bar contains the URL "C:\Documents and Settings\mmage1\Desktop\FFIC 1-19-01\FFIC demo 3\dy\_frame.htm". Below the address bar is a menu bar with "File", "Edit", "View", "Favorites", "Tools", and "Help". There are also "Send", "Back", "Forward", "Stop", "Refresh", "Home", "Search", "Favorites", "History", and "Mail" buttons.

The main content area has tabs for "Deskview", "Directories", "System Administration", "Help", and "Close".

On the left side, there is a sidebar with sections for "Claim ID: 213-13-359478", "Policy 5603-1246", "Vehicles", "Property", and "Other parties".

The main content area displays the following information:

**Claim ID: 213-13-359478 for Bob Dylan: DOL 1/1/2001**

**Actions:** [ASSIGN APPRAISAL](#) [RETURN TO LIST](#)

**Insured vehicle**

Make: Honda	Model: Accord	Year: 1997	Color: Blue
License plate: 4356-SR4		State: CA	Mileage:
VIN: 12345ASDV-5345345D			
Drivable: YES	Damages Areas:		
Engine damage: NO	Left front	Medium	
Interior damage: NO	Front:	Medium	
Air bag deployed: YES	Underside	Light	
Fire damage: NO			
Tire damage: YES			

**Damage description:** Damage to the front bumper, front grill, left front light and

At the bottom right is a "My Computer" icon.

FIG. 12B

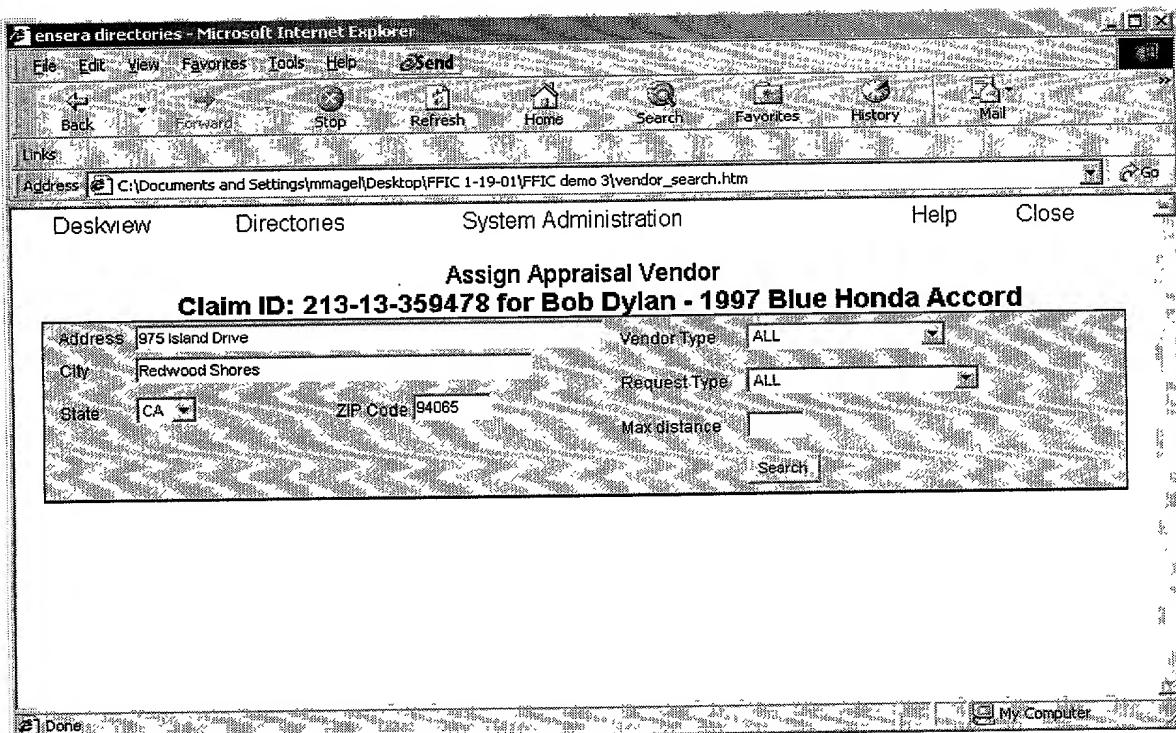


FIG. 12C

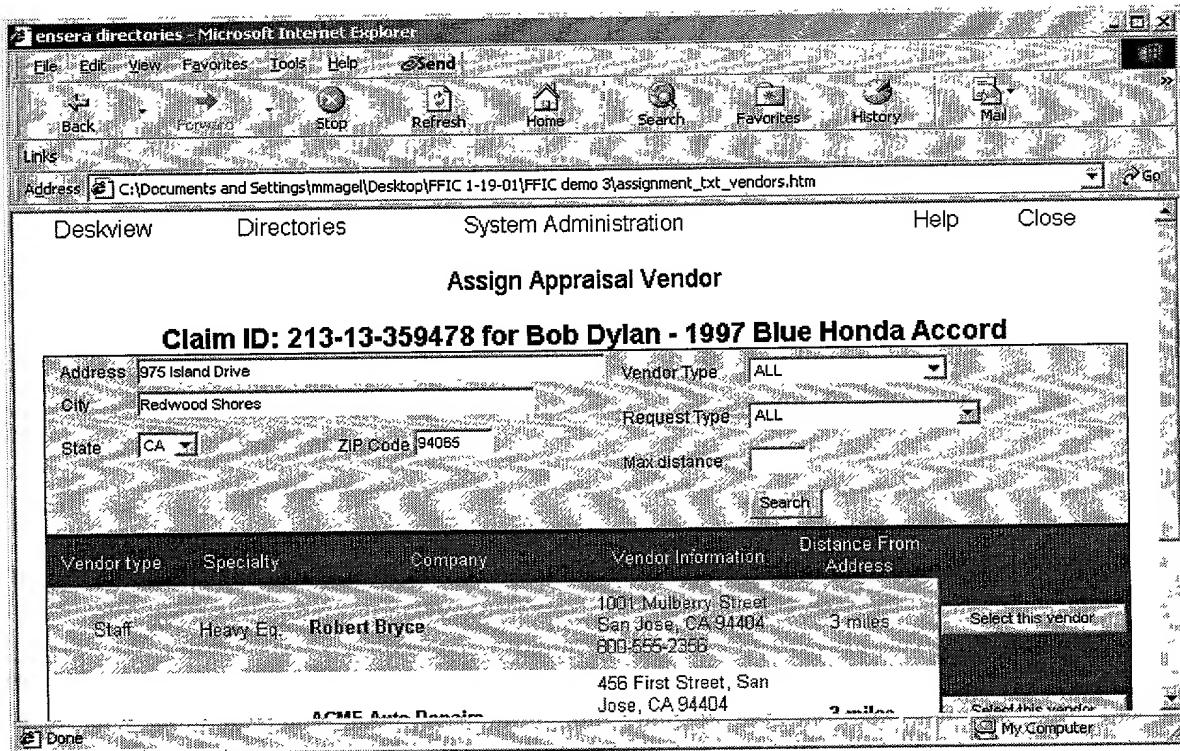
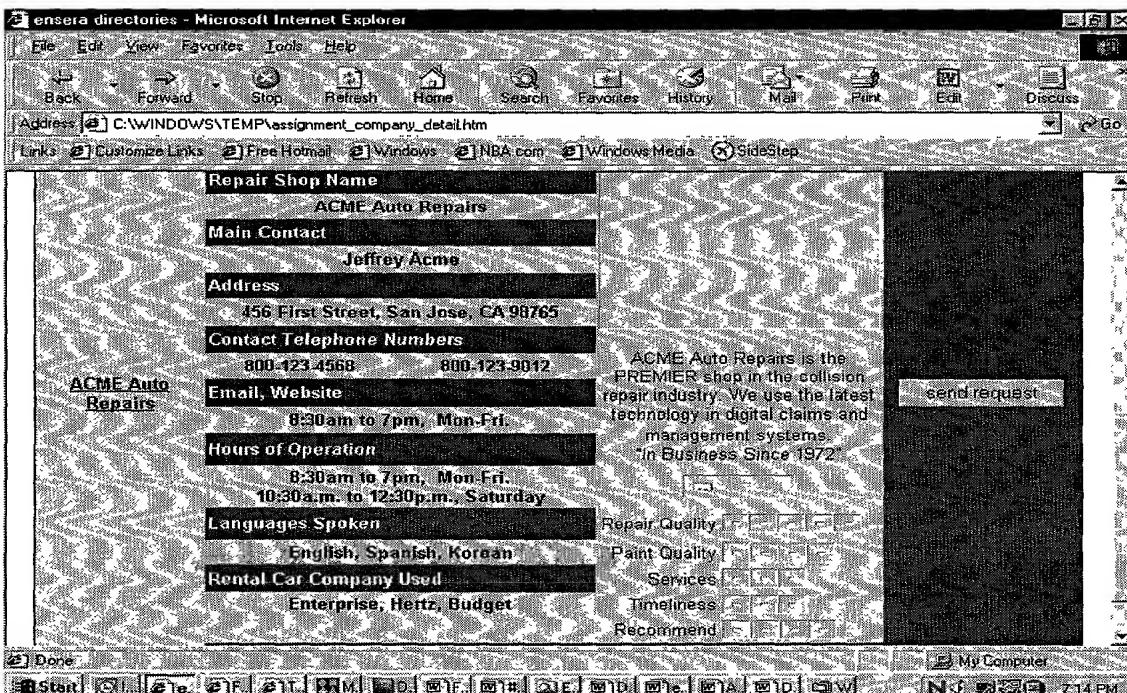
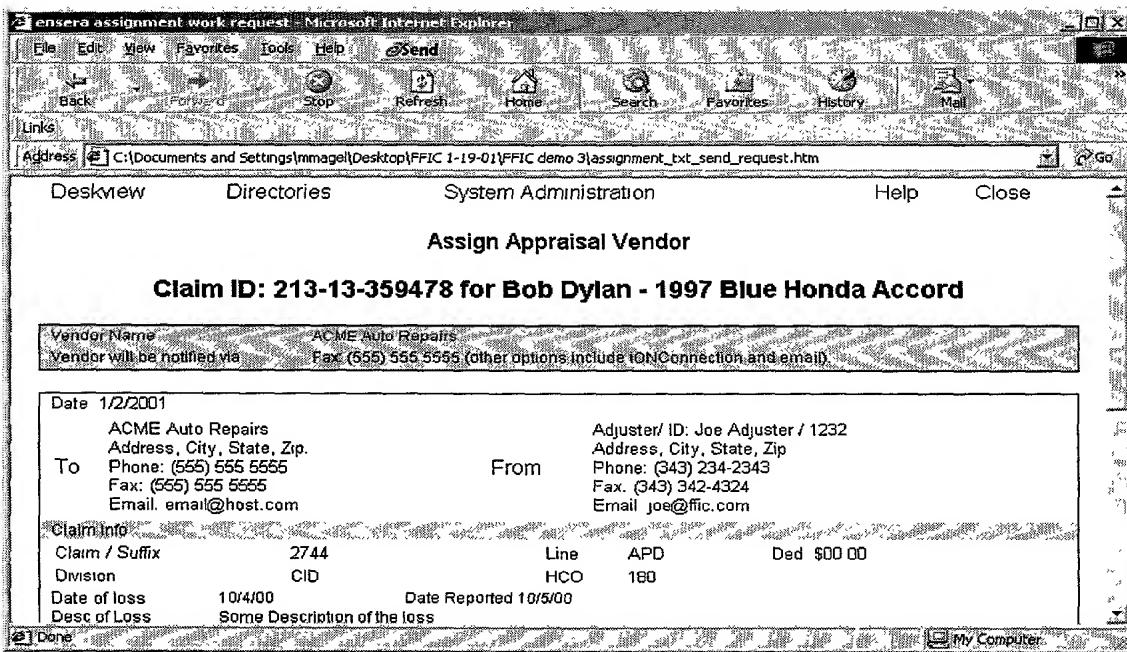


FIG. 12D

System and Method of Administering, Tracking and  
Managing of Claims Processing;  
Inventors: AQUILA ET AL.; Docket No.: 22606-05796



**FIG. 12E**



**FIG. 12F**

<b>Field NAMES</b>	<b>Format</b>	<b>DATA LEVEL</b>	<b>Description</b>
Claim number	####-##-##### ALPHA NUM	CLAIM	Aco-yr-claim#
Insured name	ONE FIELD- 30 BYTES	CLAIMS SUFFIX	
HCO	### = 3 DIGITS	CLAIM	ID FOR HANDLING CLAIM OFFICE
Status	X = ONE LETTER	SUFFIX	o=open, c=closed; p=pending, r=reopened
Rep / CA	XXX = ALPHA NUMERIC	SUFFIX	representative or claims assist assigned to suffix - REASSIGNED
SUP		SUFFIX	ID ADJUSTER OR SIU ON REASSIGNED CLAIM
RECEIVE DATE	Cc/YY/MM/DD	CLAIM	8 DIGIT DATE =REPORT DATE
DATE OF LOSS	Cc/YY/MM/DD	CLAIM	8 DIGIT DATE =DOL
DATE OF MAKE UP	Cc/YY/MM/DD	SUFFIX	8 DIGIT =FIRST RESERVE
ACCIDENT LOCATION -CITY	ONE FIELD	CLAIM	AT LEAST 20 BYTES
STATE	TWO DIGIT ALPHA	CLAIM	2 BYTES
SUFFIX - SX	XXX =3 DIGIT NUMERIC	SUFFIX	ID'S CLAIM SEGMENT/COVERAGE
LINE ABBREVIATION	5 BYTES	SUFFIX	COL=COLLISION; APD=THIRD PARTY; AOC=COMPREHENSIVE/RENTAL
CLAIMENT / OBLIGEE	ONE FIELD – 30 BYTES	SUFFIX	
ADDRESS -CLMNT	ONE FIELD – 30 BYTES	SUFFIX	
CITY – CLMNT	ONE FIELD – 30 BYTES	SUFFIX	
STATE-CLMNT	TWO DIGIT	SUFFIX	STATE CLAIMENT RESIDES
ZIP CODE	#####-### 9 BYTES	SUFFIX	STD PLUS 4 FORMAT
AC – AREA CODE -CLMNT	### = 3 DIGITS	SUFFIX	STANDARD
PHONE NUMBER-CLMNT	###-###-	SUFFIX	STANDARD
ATTORNEY	ONE FIELD – 25 BYTES	SUFFIX	
DEDUCTIBLE AMOUNT	ONE FIELD – 7 BYTES	SUFFIX	
AC – AREA CODE -ATTRNY	### = 3 DIGITS	SUFFIX	STANDARD
PHONE NUMBER-ATTRNY	###-###-	SUFFIX	STANDARD
PLAINTIFFS FIRM/BUSINESS	ONE FIELD – 25 BYTES	SUFFIX	STANDARD
DESCRIPTION OF LOSS	2 SECTIONS – 45 BYTES	CLAIM	ALPHA NUMERIC
POLICY NUMBER	XXX-XXXXXX 11 BYTES ALPHA NUMERIC	CLAIM	3 CHAR PREFIX,8 DIGIT POL. #
EFFECTIVE DATE	Cc/YY/MM/DD	CLAIM	8 char
EXPIRATION DATE	Cc/YY/MM/DD	CLAIM	8char
VEHICLE MAKE	10 BYTES ALPHA NUMERIC	CLAIM	
VEHICLE MODEL	10 BYTES ALPHA NUMERIC	CLAIM	
AUTO NUMBER	XX=TWO DIGITS	CLAIM	NUMBER OF INSURED VEHICEL AS SHOWN ON POLICY
AUTO YEAR	XX=TWO DIGITS	CLAIM	YEAR INSURED VEHICLE WAS INVOLVED IN A LOSS
VEHICLE MODEL YEAR		CLAIM	
INSIDE APPRAISER	XXX= 3 CHARACTER	CLAIM	ID'S INHOUSE FFIC APPRAISER
VEHICLE ID NUMBER -VIN	17 CHARACTERS ALPHA NUMERIC	CLAIM	MFG UNIQUELY ID'S VEHICLE
OUTSIDE APPRAISER	20 BYTES	SUFFIX	NAME OF OUTSIDE APPRAISAL FIRM
DATE SUFFIX CLOSED	Cc/YY/MM/DD	SUFFIX	SPLIT INTO THREE FIELD AT FFIC
DATE SUFFIX REOPENED	Cc/YY/MM/DD	SUFFIX	SPLIT INTO THREE FIELD AT FFCIC
DEDCUTIBLE INDICATOR	X= ONE CHARACTER	CLAIM	ID;'S WHETHER DED APPLIES TO CLAIM
DATE CLAIM CLOSED	Cc/YY/MM/DD	CLAIM	CLOSED AT CLAIM LEVEL
IRS NUMBER	10 DIGITS #####-### (#)	suffix	SOCIAL SECURITY OR TAX ID # FOR PERSON RECEIVING PAYMENT
Invoice Number	10 digits	suffix	Internal number if intending to pay claim

**FIG. 13**

**Header**

Transaction ID: (*a unique identifier of this transaction. Use ACTIVITY\_ID from ACTIVITY\_LOG*)

(Title of document): *Appraisal Assignment Transmittal*

(Date of document): *01/01/2001*

Assignment type: *2 (this is a code value - ASSIGNMENT\_TYPE\_CV)*

Assignment type description: *CLASS shop appraisal (translation of type above)*

**Assignment (to)**

Assignee ID: (*the directory id for this service provider - SERVICE\_PROVIDER\_ID*)

ION Connection ID: (*the unique ID used for iON Connection - ION\_CONNECTION\_NUMBER*)

Assignee name: *ACME Auto Repair*

Address: *350 Wooster Ave*

City: *San Jose*

State: *CA*

ZIP: *95116*

Phone: *800-555-1111*

Fax: *408-965-7224*

E-mail: *acmeauto@mymail.com*

**Adjuster (from)**

Adjuster name (first last): *David Crosby*

Address: *777 San Marin Drive*

City: *Novato*

State: *CA*

ZIP: *94998*

Phone: *650-333-3434*

Fax: *415.899.4321*

E-mail: *dcrosby@carrier.com*

Adjuster ID: *213 F 823*

**Request**

(This is a short paragraph description the type of request and the how it should be handled. This paragraph along with the instruction – see below – will come from a new table which will be accessed by carrier id & assignment type)

*This assignment is not a confirmation of coverage or acceptance of liability. Payment responsibility remains with the vehicle owner unless otherwise confirmed . . .*

**Additional comment**

(This is an area for notes specific to this assignment not covered in other fields. This is optional -- OTHER\_COMMENT from ASSIGNMENT.)

**Instructions**

(This is a list of completion instructions. This will list several steps that need to be done to complete this assignment. See notes in Request above. Probably 5 steps. Carry as 10 different fields – each with length of 50)

1. *Provide vehicle owner with copy . . .*
2. *Fax the completed Fax transmittal / status sheet, estimate . . .*
3. *Fax a copy of the estimate only to . . .*
4. *Unless we receive a Direction of Pay authorization . . .*
5. *Mail the original estimate and photos to the claims office . . .*

CCC ID: (*a code that identifies FFIC to CCC for a total loss valuation. The id is different for each state. This may not be necessary.*)

**Claim information**

Claim / Suffix #: *213-13-359478 001*

HCO: *640*

Date of loss: *01/01/2001*

Date reported: *01/01/2001*

Policy number: *1111111*

Deductible amount: *\$250*

Description of loss: *While driving down route 4, the car in front of me stopped short in the middle of the street. My car struck the rear of his car causing damage to my front end, including the hood and only minor damage to his rear bumper*

Insured name (first last): *Bob Dylan*

**Vehicle owner information**

Vehicle owner (first last): *Bob Dylan*

Address: *975 Island Drive*

City: *Redwood Shores*

State: *CA*

ZIP: *94065*

Phone 1: *work: 650.472.2600*

Phone 2: *home: 650.472.9876*

**Vehicle information**

Location: *at Zappa's Autobody & Repair*

Model: *Accord*

License: *4356-SR4*

Location Address:

Color: *Blue*

Location City: *Santa Angeles*

VIN: *12345ASDV-5345345D*

State: *CA*

Description of damage: *Damage to the front bumper, front grill, left front light, and to the hood.*

ZIP:

Prior damage: *None reported*

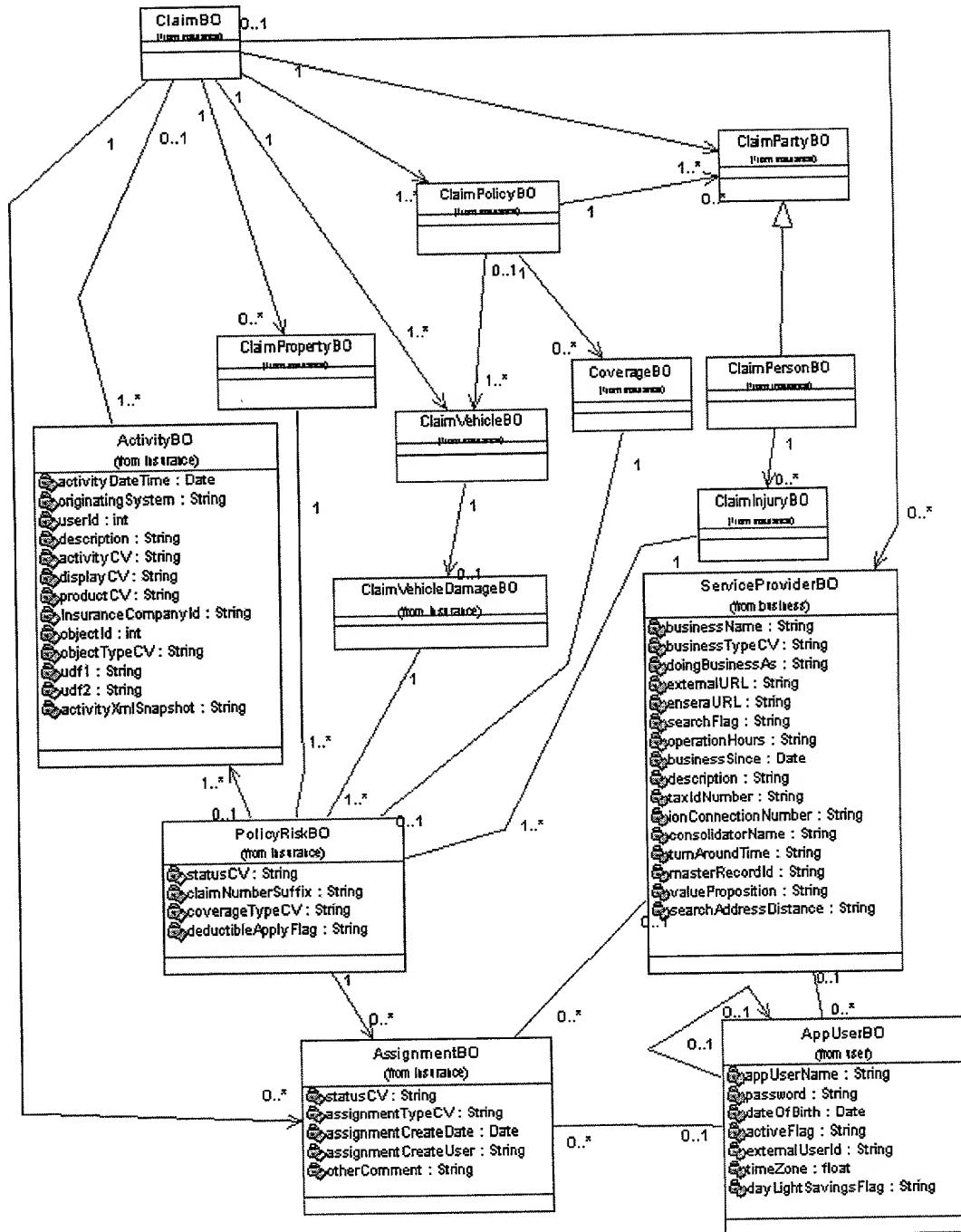
Location phone:

Drivable: *Yes*

Year: *1997*

Make: *Honda*

**FIG. 14**



**FIG. 15**

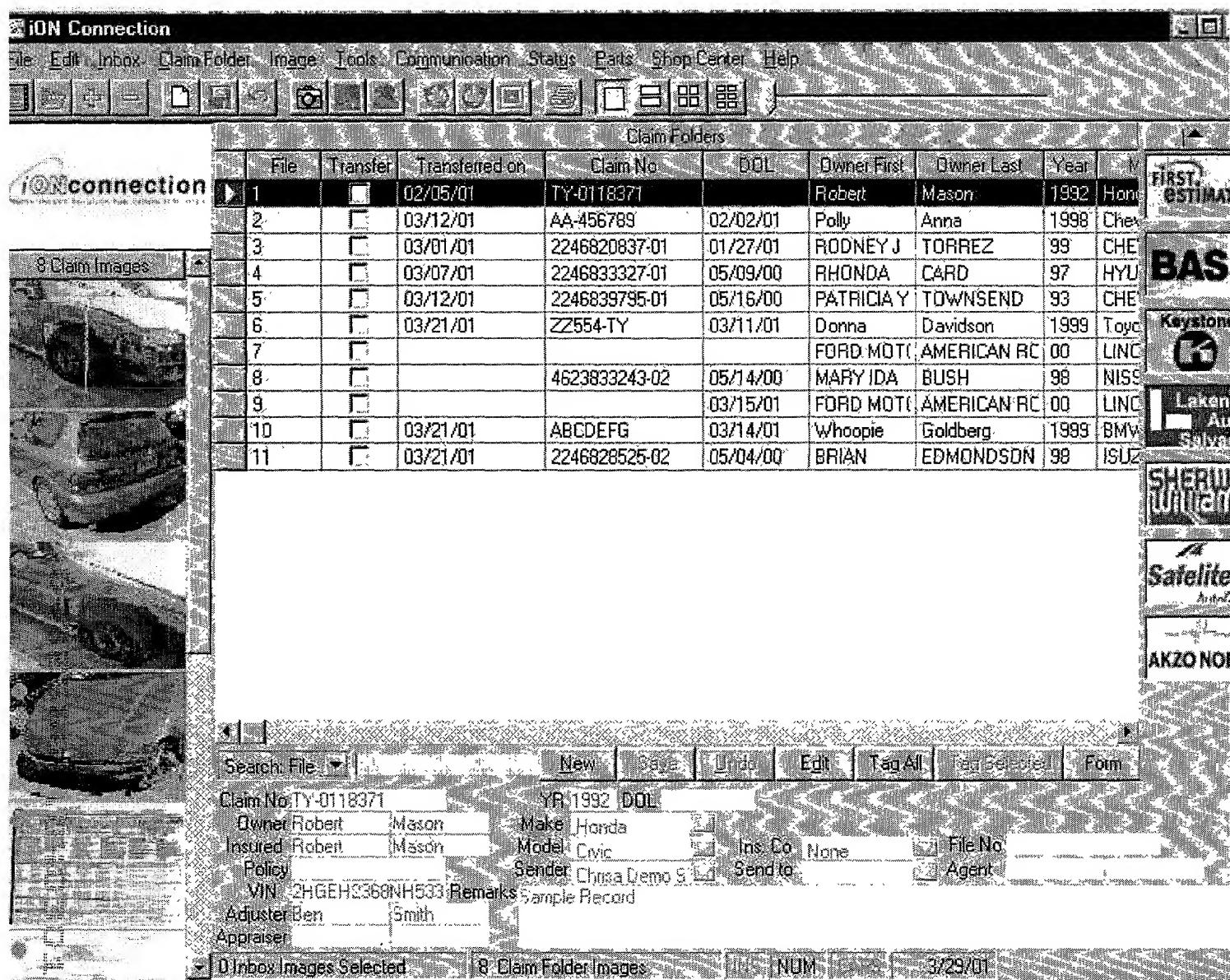


FIG. 16



FIG. 17

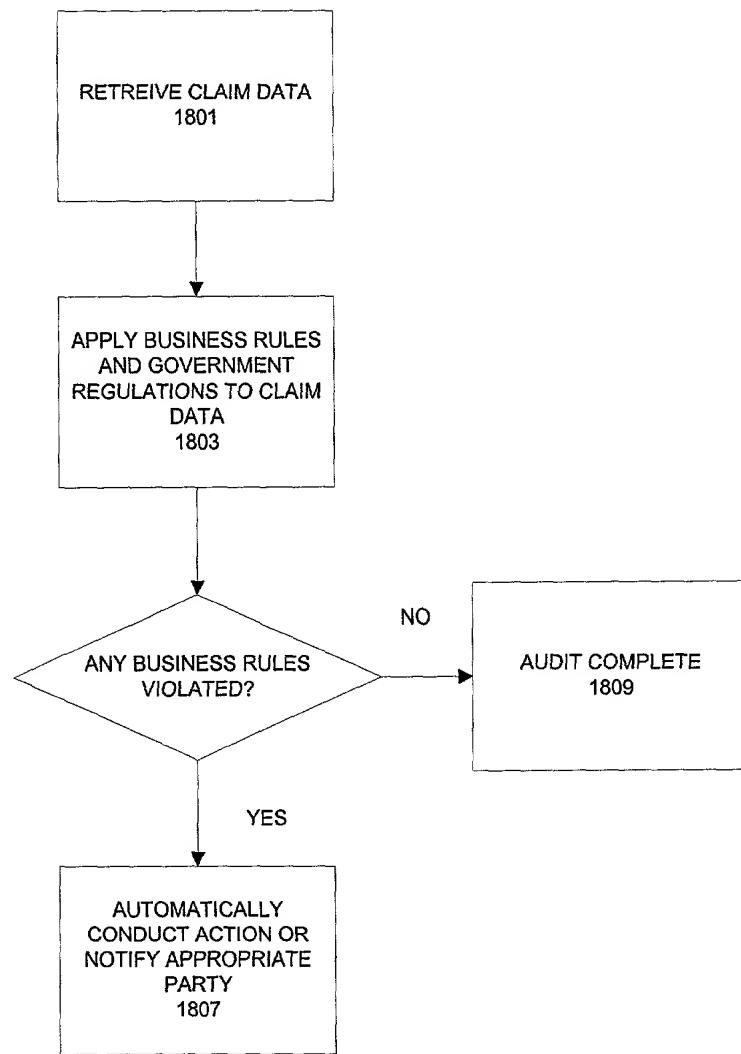


FIG. 18

System and Method of Administering, Tracking and  
Managing of Claims Processing;  
Inventors: Aquila, ET AL.; Docket No.: 22606-05796

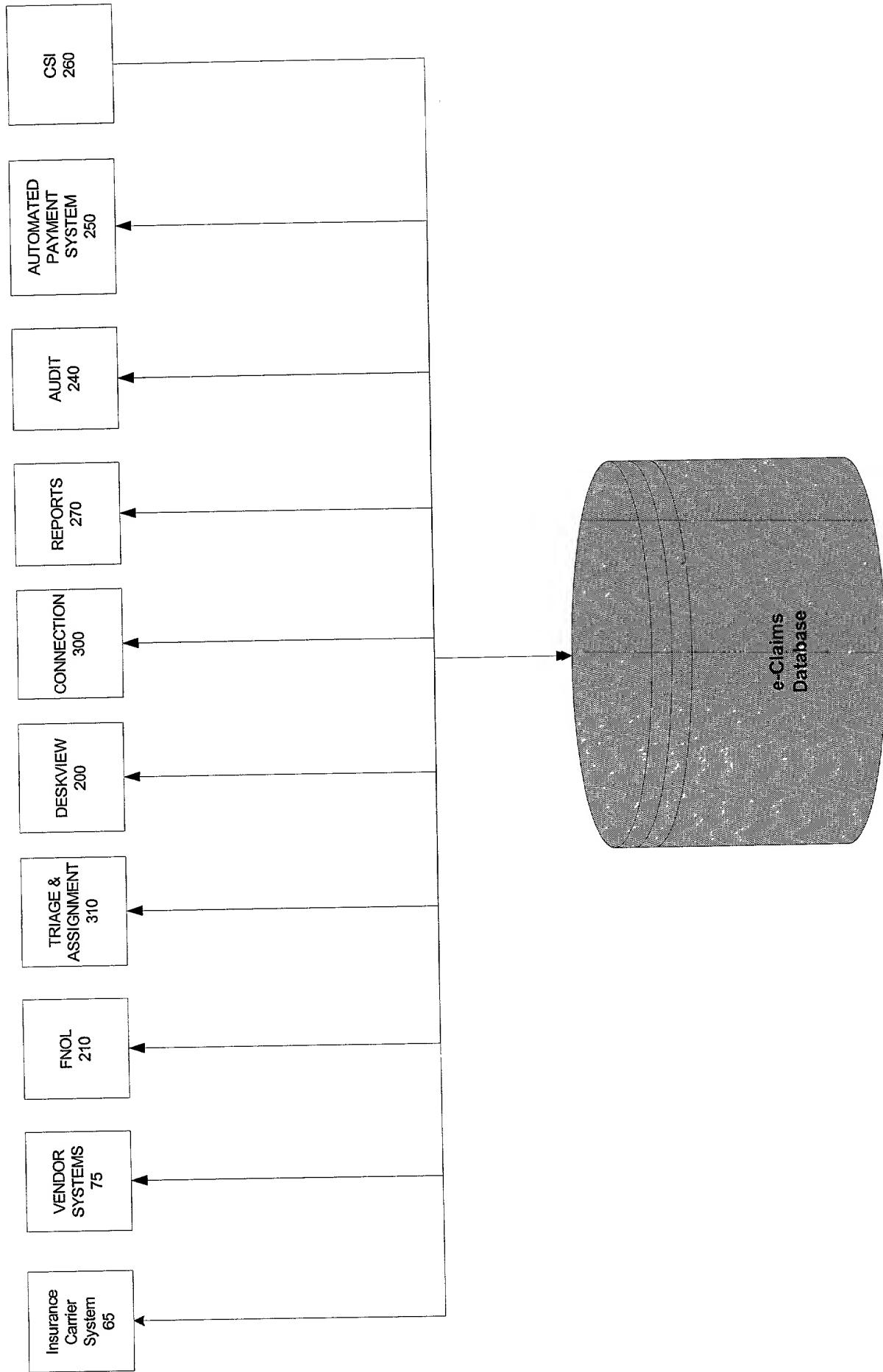


FIG. 19

System and Method of Administering, Tracking and  
Managing of Claims Processing;  
Inventors: AQUILA ET AL.; Docket No.: 22606-05796

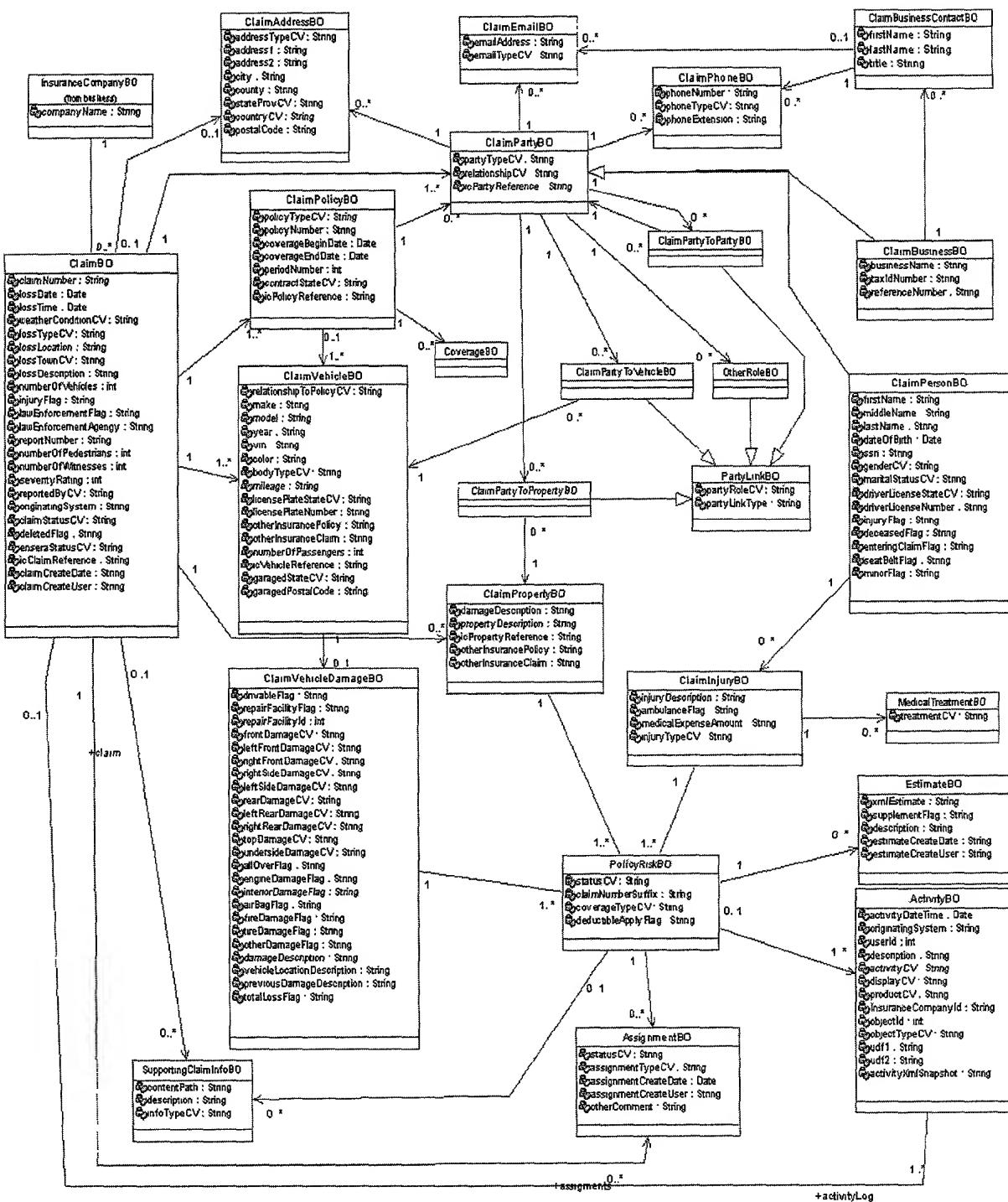
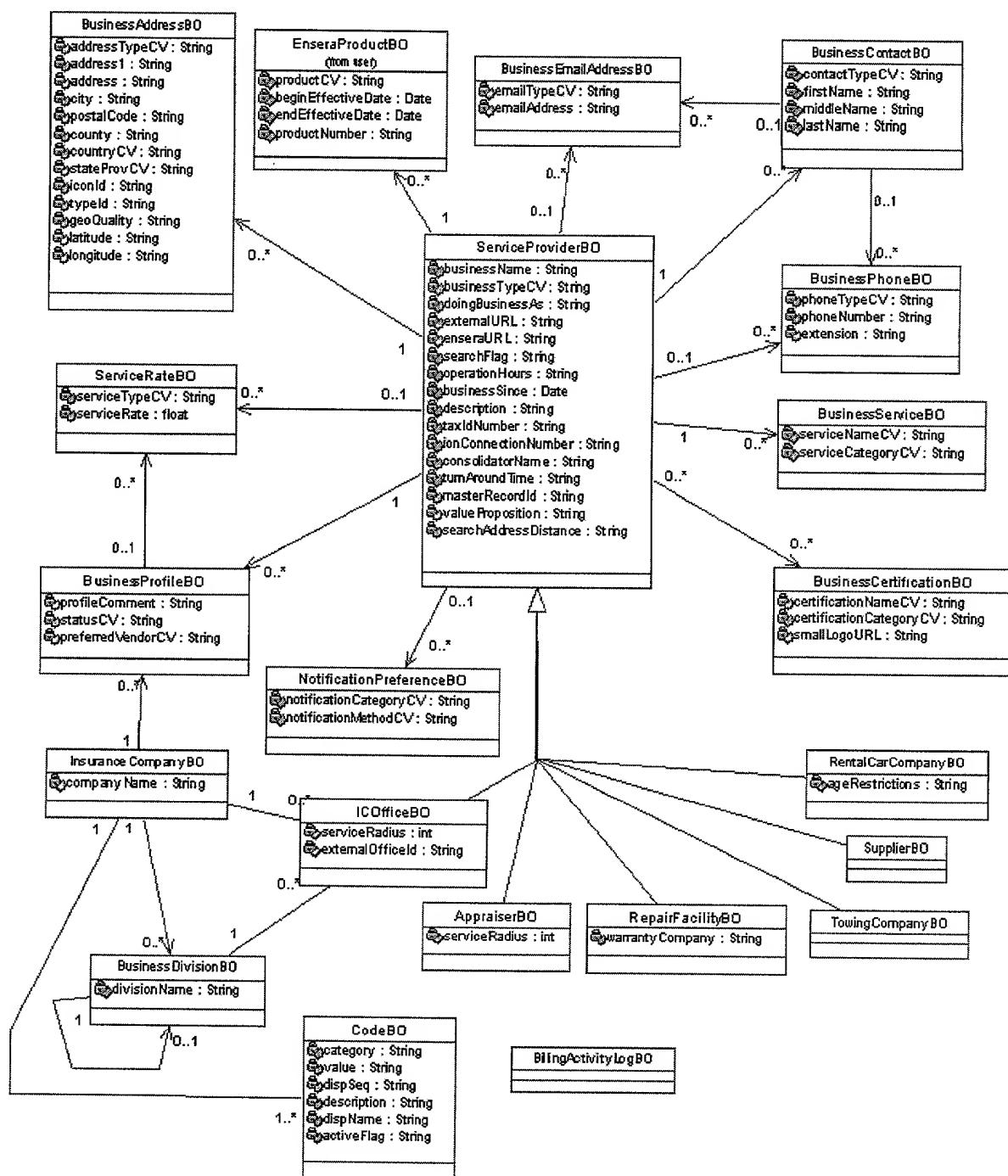


FIG. 20

System and Method of Administering, Tracking and  
Managing of Claims Processing;  
Inventors: AQUILA ET AL.; Docket No.: 22606-05796



**FIG. 21**

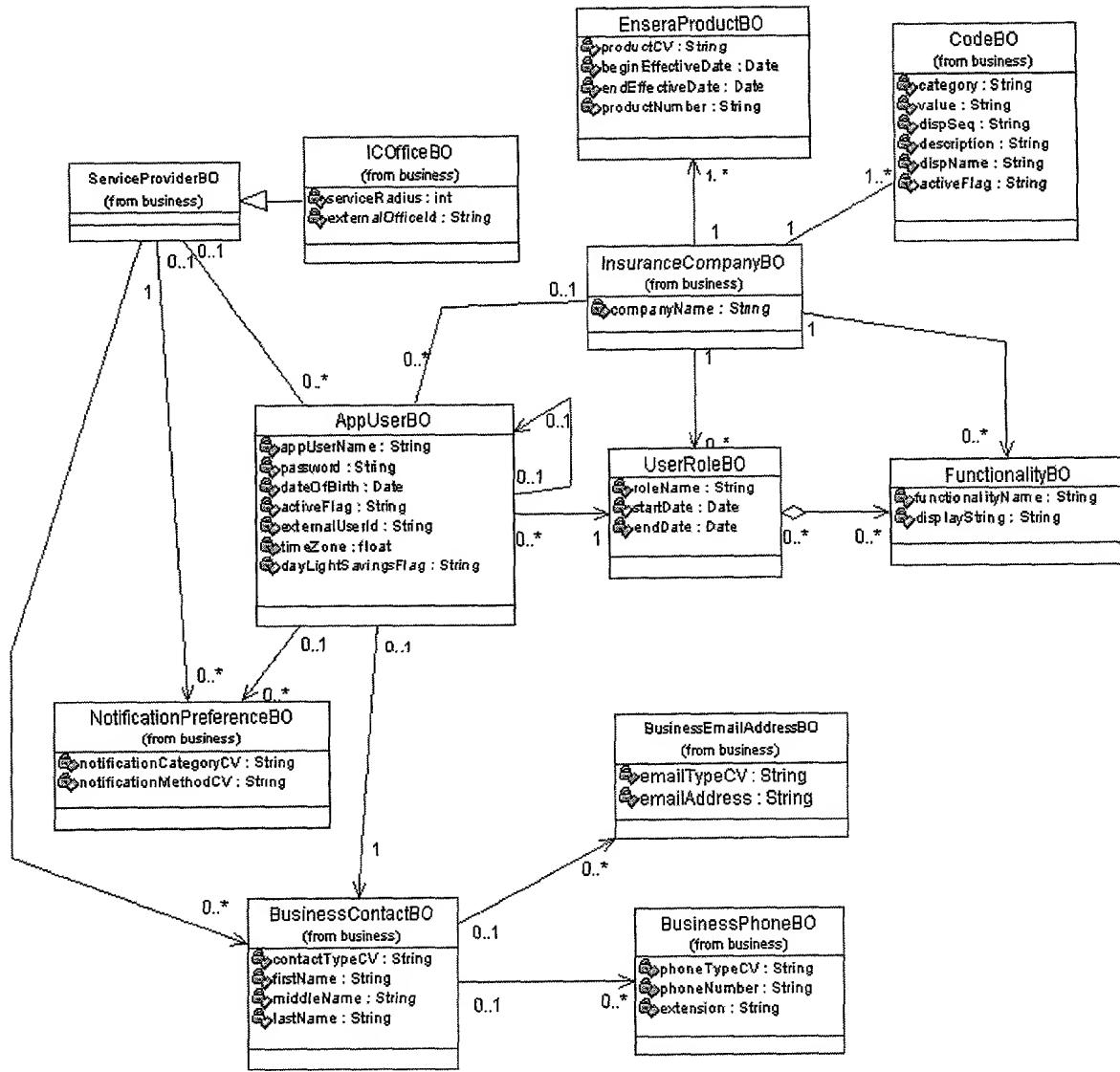
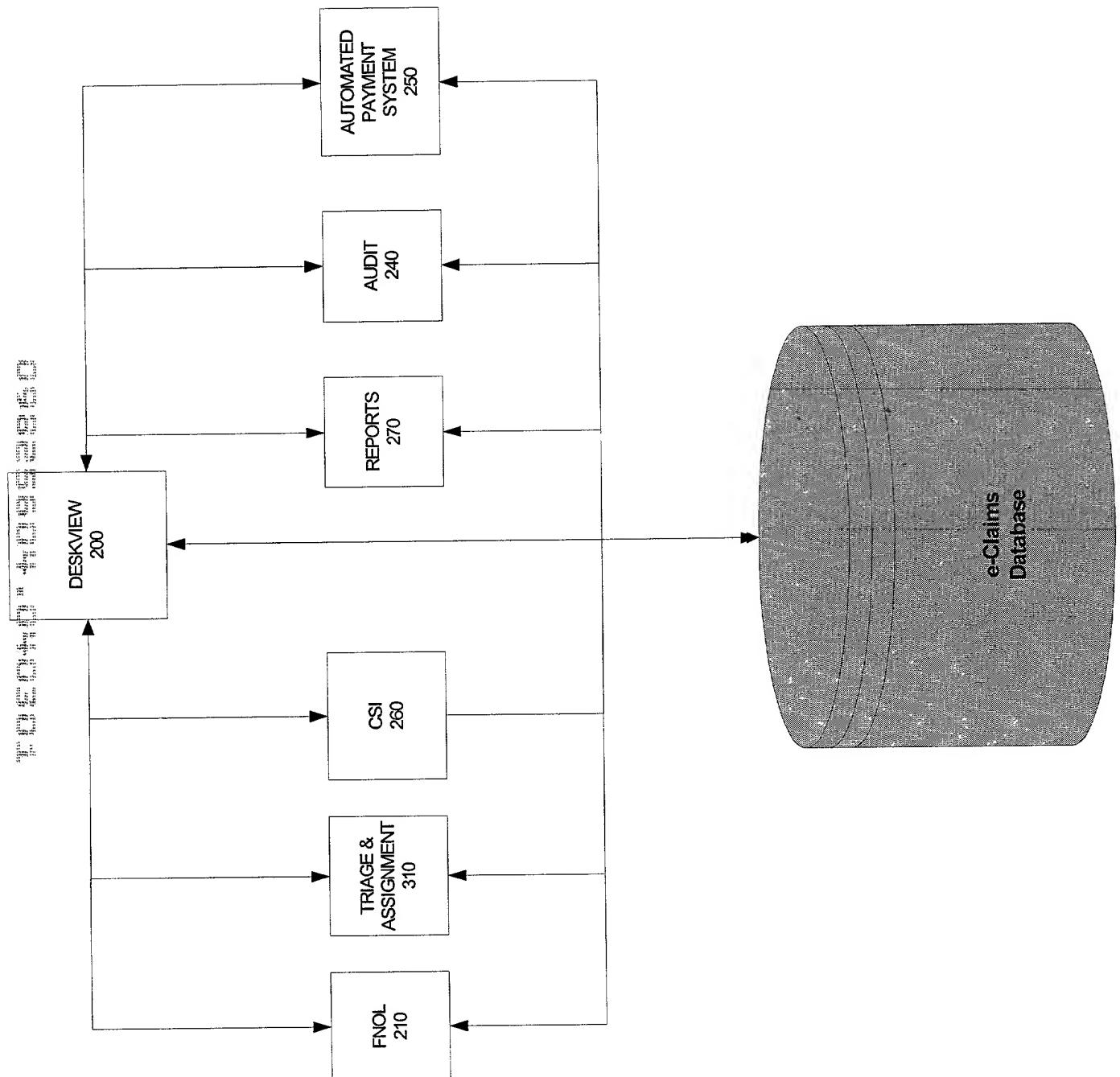


FIG. 22



**FIG. 23**

Inventors: AQUILA ET AL.; Document No.: 22606-05796

Managing of Claims Processing;

System and Method of Administering, Tracking and

**System and Method of Administering, Tracking and Managing of Claims Processing;  
Inventors: AQUILA ET AL.; Docket No.: 22606-05796**

3 INSURANCE - Microsoft Internet Explorer

File Edit View Favorites Tools Help Send Home Search Services Help Home Help Refresh Back Forward Stop Address

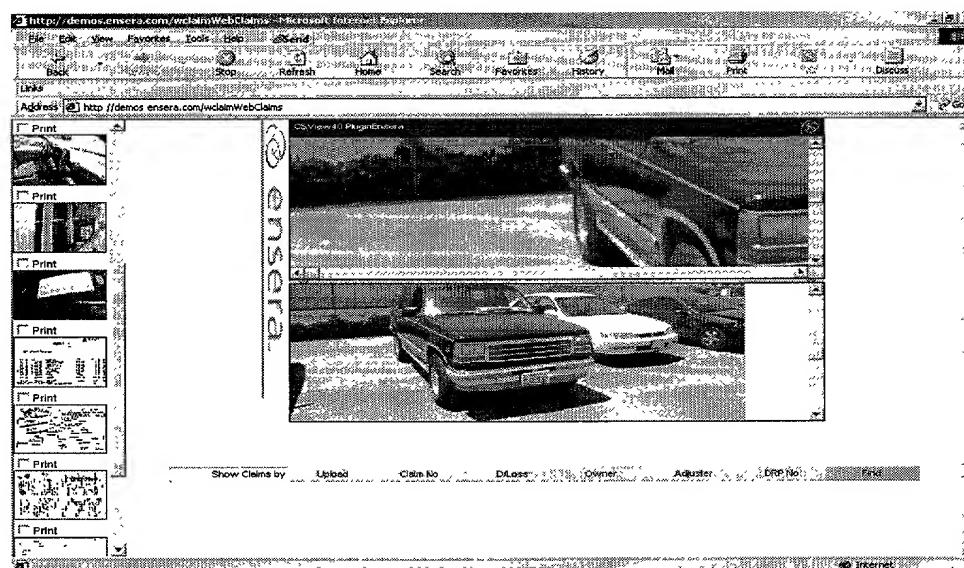
Address: C:\Windows\Temp\Carrier Info - Prins Fund\Navigation\Flow\Latest\gvrlines\edit\_vehicle.htm

## Edit Vehicle: 1997 Blue Honda Accord

Actions BACK

<b>Insured vehicle</b>	
Suffix	01
Make	Honda
Model	Accord
Year	1997
Color	Blue
Licence plates	4356-SP4
State	CA
Mileage	12345ASDV-5345345D
VIN:	
Damage description	
Location of vehicle	
City	Santa Angeles
State	CA
ZIP Code	
<input type="button" value="Submit"/>	

**FIG. 24A**



**FIG. 24B**

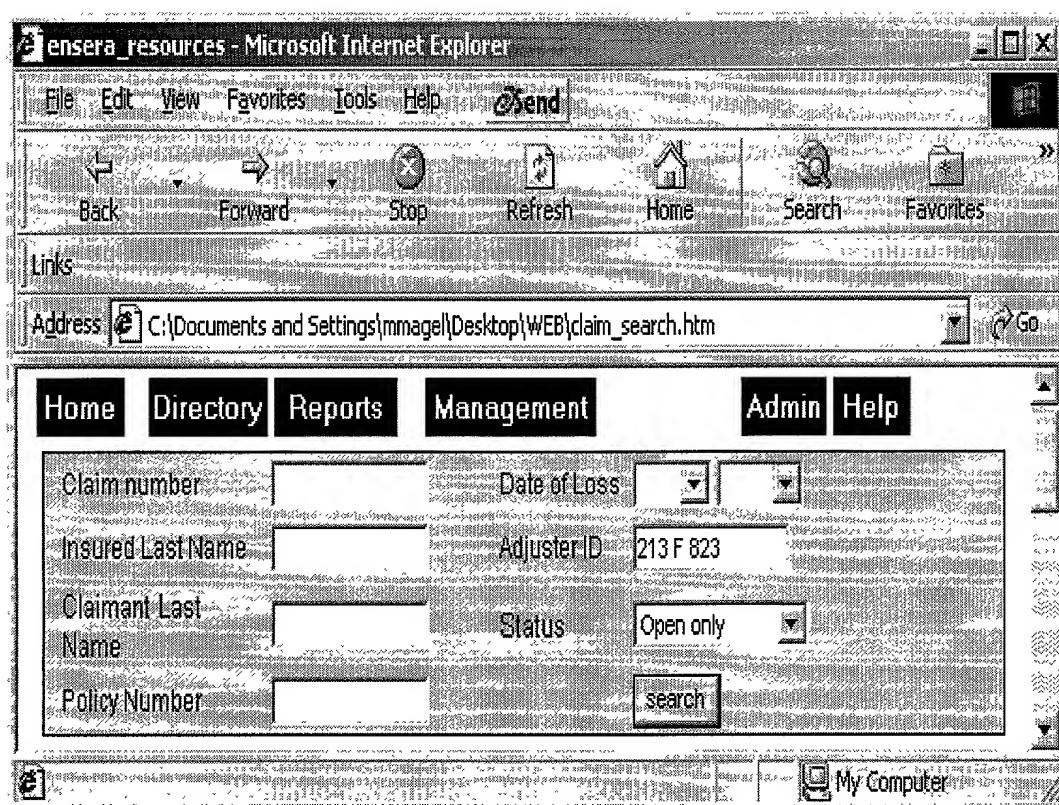


FIG. 25

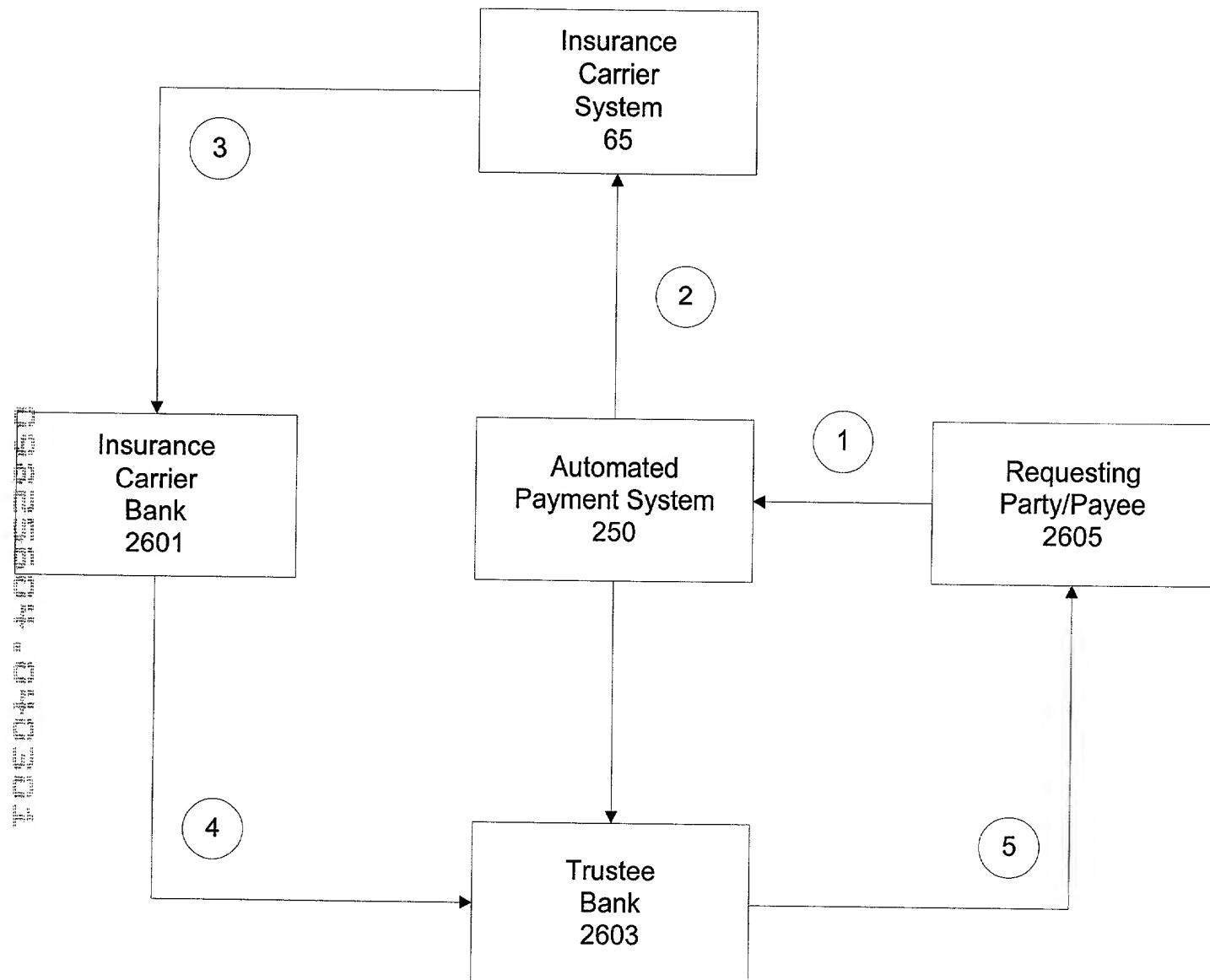
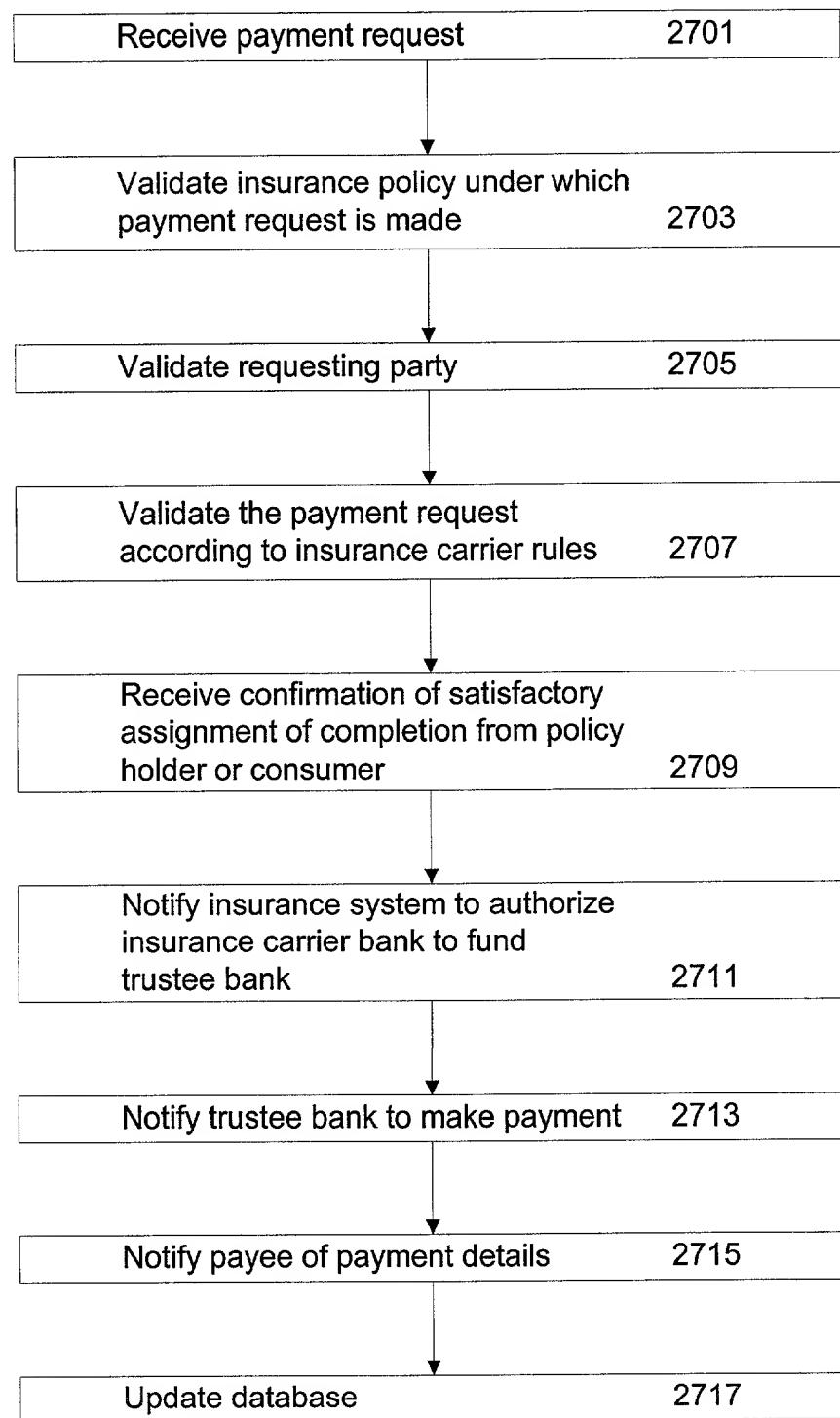


FIG. 26



250

FIG. 27

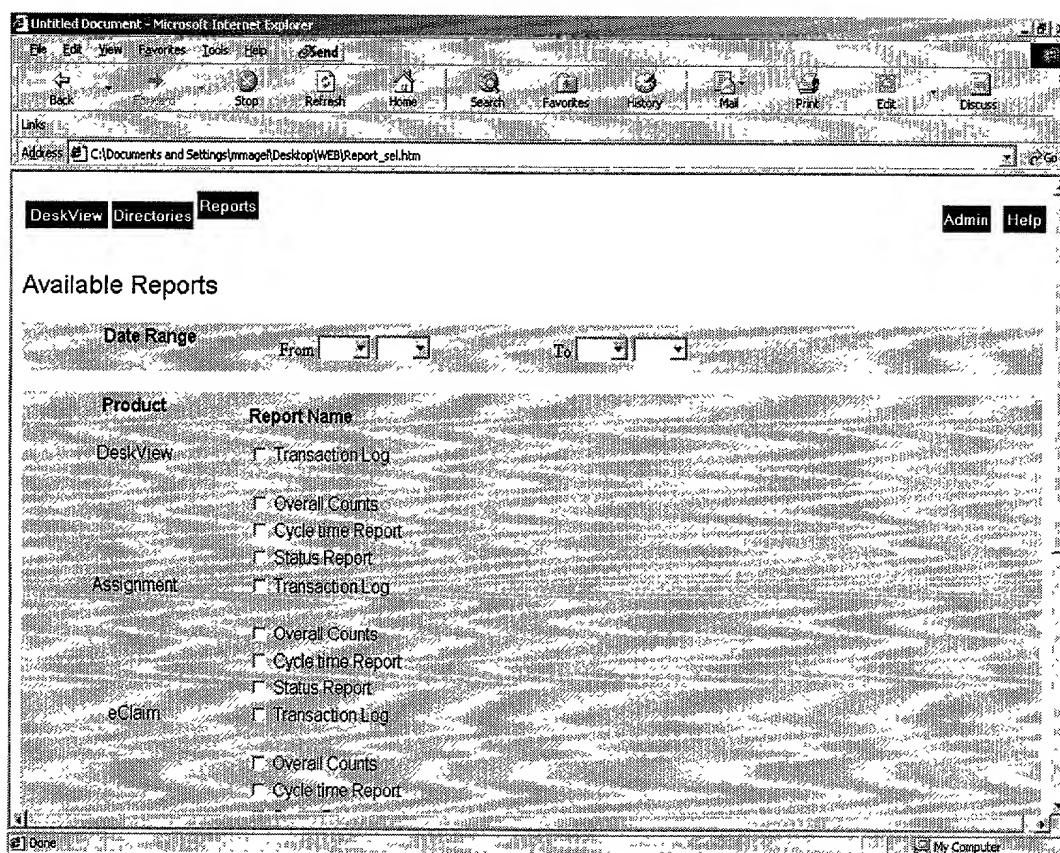


FIG. 28

System and Method of Administering, Tracking and  
Managing of Claims Processing;  
Inventors: AQUILA ET AL.; Docket No.: 22606-05796

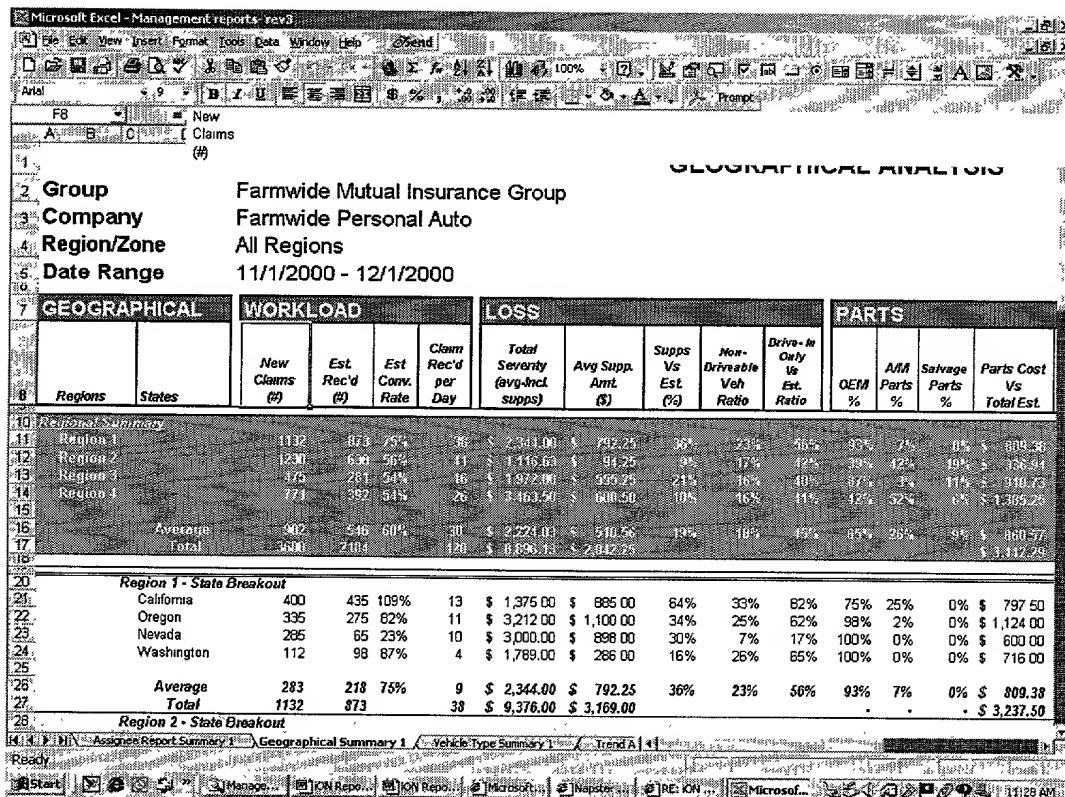


FIG. 29

CLAIM #	STATE	COVERAGE	Zone	Region	Claims office	DESK Adjuster	Staff Appraiser	Policy Submitted	Time Submit
1	MO	hail	5	Southest	E	adjuster 200	appraiser 526	12/17/1999	12:00 PM
3	IL	thefts	3	Midwest	D	adjuster 112	Appraiser 58	12/17/1999	12:04 PM
4	IL	no other vehicle	3	Midwest	D	adjuster 117	Appraiser 59	12/17/1999	3:27 PM
5	IL	bicyclist	3	Midwest	D	adjuster 112	Appraiser 60	12/19/1999	3:59 PM
6	IL	other vehicle	3	Midwest	D	adjuster 111	Appraiser 56	12/21/1999	11:29 AM
7	CA	no other vehicle	1	West	B	Kate Toby	Axle Rose	1/8/2000	4:25 PM
9	CA	other vehicle	1	West	B	Tom Otto	Jimmy Page	1/10/2000	2:08 PM
10	CA	no other vehicle	1	West	B	Susan Wen	Janis Joplin	1/10/2000	5:19 PM
11	CA	bicyclist	1	West	B	Kate Toby	Geraldine Hagar	1/10/2000	6:51 PM
12	CA	bicyclist	1	West	B	Tom Otto	Jenny Hilfinger	1/11/2000	1:02 PM
13	CA	bicyclist	1	West	B	Susan Wen	Abe Lincoln	1/12/2000	3:47 PM
14	CA	no other vehicle	1	West	B	Kate Toby	George Washington	1/13/2000	10:18 AM
15	WI	flood	3	Midwest	F	adjuster 300	appraiser 435	1/14/2000	6:43 AM
16	CA	bicyclist	1	West	B	Tom Otto	Thomas Jefferson	1/15/2000	12:26 PM
17	CA	no other vehicle	1	West	B	Susan Wen	Tim Wrend	1/15/2000	5:11 PM
18	MO	bicyclist	5	Southest	E	adjuster 201	appraiser 527	1/18/2000	10:17 PM
19	CA	no other vehicle	1	West	B	Tom Otto	Axle Rose	1/20/2000	12:57 PM
20	CA	no other vehicle	1	West	B	Susan Wen	Jimmy Page	1/20/2000	9:56 PM
22	CA	other vehicle	1	West	B	Kate Toby	Janis Joplin	1/24/2000	9:22 PM
23	CA	no other vehicle	1	West	B	Tom Otto	Geraldine Hagar	1/25/2000	8:39 PM
25	MO	no other vehicle	5	Southest	E	adjuster 202	appraiser 528	1/27/2000	10:41 AM
26	CA	collision w/animals	1	West	B	Susan Wen	Jenny Hilfinger	1/27/2000	3:47 PM
27	CA	bicyclist	1	West	B	Tom Otto	Abe Lincoln	1/29/2000	6:26 PM
28	WI	collision w/animals	3	Midwest	F	adjuster 301	appraiser 436	1/30/2000	2:13 AM
29	WI	no other vehicle	3	Midwest	F	adjuster 302	appraiser 435	2/2/2000	6:41 AM
30	CA	collision w/animals	1	West	B	Susan Wen	George Washington	2/2/2000	11:13 AM
31	WI	collision w/animals	3	Midwest	F	adjuster 301	appraiser 436	2/2/2000	9:40 PM
32	MO	pedestrian	5	Southest	E	adjuster 203	appraiser 526	2/2/2000	9:47 PM
33	CA	no other vehicle	1	West	B	Kate Toby	Thomas Jefferson	2/3/2000	7:58 PM

FIG. 30